

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

UnitedHealth Group Incorporated PAC (United for Health)

ADDRESS (number and street)

9900 Bren Road East

☐Check if different  
than previously  
reported. (ACC)

Minnetonka

MN

55343

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00274431

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Susan Sherwood

Signature of Treasurer

Electronically Filed by Susan Sherwood

Date

01

29

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		224784.14
(b) Cash on Hand at Beginning of Reporting Period .....	203536.48	
(c) Total Receipts (from Line 19) .....	212188.35	414615.69
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	415724.83	639399.83
7. Total Disbursements (from Line 31) .....	238075.00	461750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	177649.83	177649.83
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	2	0	3	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) .....	193111.30	364130.31
(ii) Unitemized .....	15286.99	46695.32
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	208398.29	410825.63
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	190.06	190.06
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	208588.35	411015.69
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	3600.00	3600.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	212188.35	414615.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	212188.35	414615.69

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	158500.00	336500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	79575.00	125250.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	238075.00	461750.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	238075.00	461750.00	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	208588.35	411015.69
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	208588.35	411015.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Judah C. Sommer

Mailing Address 701 Pennsylvania Ave NW  
Suite 530/650

City State Zip Code  
Washington DC 20004-2606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: 31055122

Amount of Each Receipt this Period

5000.00

Yearly PAC Contribution

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL R GROSS

Mailing Address 3604 SOUTH SQUARE

City State Zip Code  
WILLIAMSBURG VA 23188

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United HealthCare Corpora-  
tion

Occupation  
Actuarial Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159789623217

Amount of Each Receipt this Period

100.00

P/R Deduction (\$4.00 Bi-W-  
eekly)

**C.**

Full Name (Last, First, Middle Initial)

MOLLIE CHAPMAN

Mailing Address 226 BERNARD DR

City State Zip Code  
MONROE OH 45050

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Assoc Dir Network Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159790523217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

5230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

KEN L HOVERMAN

Mailing Address 16221 SIERRA DE AVILA

City

TAMPA

State

FL

Zip Code

33613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159790923217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

PAMELA A TULUMELLO

Mailing Address 17715 N 68TH DRIVE

City

GLENDALE

State

AZ

Zip Code

85308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Claims Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159793123217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DEBORAH S STREB

Mailing Address 2201 NORTH STAR ROAD

City

UPPER ARLINGTON

State

OH

Zip Code

43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Project Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159794123217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

ANTHONY J KAZLAUSKAS

Mailing Address 11 CARNIVAL TERRACE

City

WEST WARWICK

State

RI

Zip Code

02893

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Sr Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159794623217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

CARLA M MUGGIO

Mailing Address 3533 FAIR OAKS LANE

City

LONGBOAT KEY

State

FL

Zip Code

34228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Network Contract Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159798223217

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

HERBERT L WHETSTINE

Mailing Address 22351 WAGONWHEEL TRA

City

LAKEVILLE

State

MN

Zip Code

55044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Aviation & Corp Pilots

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.47

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159803623217

Amount of Each Receipt this Period

124.93

P/R Deduction (\$9.61 Bi-W-ekly)

**SUBTOTAL** of Receipts This Page (optional) .....

634.92

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

BRIAN R BELLOWS

Mailing Address 10 SHADOWOOD LANE

City

TRUMBULL

State

CT

Zip Code

06611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Dir Bus Dvlp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159803823217

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KEITH W NOBLITT

Mailing Address 122 SOUTH OAK POINTE DR

City

SENECA

State

SC

Zip Code

29672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Strategic Client Exec-Uniprise

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159805523217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JAMES S ELLISTON

Mailing Address 302 S 52ND ST

City

OMAHA

State

NE

Zip Code

68132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Assoc Dir Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159805923217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

585.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JAMES S WATSON III

Mailing Address 6520 SHENANDOAH DR

City

LINCOLN

State

NE

Zip Code

68510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Govt Rel Assoc Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.61

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159806023217

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MARILYN C NEVIN

Mailing Address 4336 BROWDALE

City

SAINT LOUIS PARK

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159807423217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

NANCY C ABELMANN

Mailing Address 3120 CHELSEA COURT

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159809123217

Amount of Each Receipt this Period

174.98

P/R Deduction (\$13.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

629.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM P WHITELY

Mailing Address 2657 WOODBRIDGE RD

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159812623217

Amount of Each Receipt this Period

2307.60

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

WAYNE F COOK

Mailing Address 1200 PEBBLE HILL ROAD

City

DOYLESTOWN

State

PA

Zip Code

18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Health Group

Occupation

President Insurance Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1426.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159812823217

Amount of Each Receipt this Period

780.00

P/R Deduction (\$60.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM J CAROLAN

Mailing Address 3508 PINEY POINT DRIVE

City

FLOWER MOUND

State

TX

Zip Code

75022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Strategic Client Exec-Uniprise

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159812923217

Amount of Each Receipt this Period

99.97

P/R Deduction (\$7.69 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

3187.57

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DAVID S WICHMANN

Mailing Address 7000 ANTRIM ROAD

City

EDINA

State

MN

Zip Code

55439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

EVP & Pres UHG Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.10

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159814723217

Amount of Each Receipt this Period

2307.60

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

PATRICK J ERLANDSON

Mailing Address 2407 LAKE PLACE

City

MINNEAPOLIS

State

MN

Zip Code

55405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Business Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159815923217

Amount of Each Receipt this Period

2307.60

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA R SAURO

Mailing Address 8943 HIDDEN MEADOW R

City

WOODBURY

State

MN

Zip Code

55125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthGroup, Inc.

Occupation

Business Segment CAO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159816423217

Amount of Each Receipt this Period

780.00

P/R Deduction (\$60.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

5395.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM A MUNSELL

Mailing Address 2119 WINDSONG CIRCLE

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

EVP UnitedHealth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159816623217

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JOHN S PENSHORN

Mailing Address 120 BLACK OAKS LANE

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP UnitedHealth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159816923217

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

PAUL D KALLMEYER

Mailing Address 468 HERALD DR

City

AMBLER

State

PA

Zip Code

19002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Health Group

Occupation

Deputy General Counsel (Mgr)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159817423217

Amount of Each Receipt this Period

650.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

3250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

TIMOTHY F RYAN

Mailing Address 4913 BRUCE AVE

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group

Occupation

Business Segment Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159817923217

Amount of Each Receipt this Period

247.00

P/R Deduction (\$19.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

THOMAS J QUIRK

Mailing Address 5769 CEDAR GROVE CR

City

PLANO

State

TX

Zip Code

75093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159819123217

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

BRIAN H ROSE

Mailing Address 1635 FOOTHILLS DR S

City

GOLDEN

State

CO

Zip Code

80401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealthGroup

Occupation

Sr Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159819423217

Amount of Each Receipt this Period

99.97

P/R Deduction (\$7.69 Bi-W-  
eekly)

**SUBTOTAL** of Receipts This Page (optional) .....

846.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

REED V TUCKSON, M.D.

Mailing Address 3501 ZENITH AVE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group

Occupation

EVP Consumr Health & Med Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3115.26

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159819823217

Amount of Each Receipt this Period

1499.94

P/R Deduction (\$115.38 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DAVID J FALK

Mailing Address 323 LAWRENCE AVE

City

HIGHLAND PARK

State

NJ

Zip Code

08904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159820223217

Amount of Each Receipt this Period

162.50

P/R Deduction (\$12.50 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DEBRA A OBERMAN

Mailing Address 4212 ALDEN DR

City

EDINA

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Gov't Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159820723217

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1912.43

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM C TRACY

Mailing Address 13016 CANTERBURY

City

LEAWOOD

State

KS

Zip Code

66209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1557.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159821523217

Amount of Each Receipt this Period

750.10

P/R Deduction (\$57.70 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL M HAWKINS

Mailing Address 11137 AMESITE TRAIL

City

AUSTIN

State

TX

Zip Code

78726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Sr Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.58

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159822023217

Amount of Each Receipt this Period

150.02

P/R Deduction (\$11.54 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CAROL M SCHNEEWEIS

Mailing Address 16907 49TH PLACE N

City

PLYMOUTH

State

MN

Zip Code

55446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Medical & Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159823523217

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1225.12

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**Full Name (Last, First, Middle Initial)  
RICHARD J MIGLIORI

Mailing Address PO BOX 72

City	State	Zip Code
WAYZATA	MN	55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
SVP Bus Initiatives & Clin Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2076.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: PR1159827423217

Amount of Each Receipt this Period

999.96

P/R Deduction (\$76.92 Bi-Weekly)

**B.**Full Name (Last, First, Middle Initial)  
BARBARA C BUENEMANN

Mailing Address 128 ROSEBROOK DR

City	State	Zip Code
FLORISSANT	MO	63031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
Dir Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: PR1159828723217

Amount of Each Receipt this Period

150.02

P/R Deduction (\$11.54 Bi-Weekly)

**C.**Full Name (Last, First, Middle Initial)  
JEANNINE M RIVET

Mailing Address 4305 TRILLIUM WAY

City	State	Zip Code
MINNETRISTA	MN	55364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
EVP UnitedHealth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: PR1159830023217

Amount of Each Receipt this Period

2307.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

3457.58

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JACK E SHUFF

Mailing Address 6385 SPINNAKER LANE

City

ALPHARETTA

State

GA

Zip Code

30005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
SB RVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159830523217

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JOHN F STEVENSON

Mailing Address 5 BARBERRY DRIVE

City

BURLINGTON

State

CT

Zip Code

06013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Sr Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159839323217

Amount of Each Receipt this Period

127.40

P/R Deduction (\$9.80 Bi-W-  
eekly)

**C.**

Full Name (Last, First, Middle Initial)

JILL WINTERS

Mailing Address 16 SPOEDE LN

City

SAINT LOUIS

State

MO

Zip Code

63141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
VP General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1458.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159840423217

Amount of Each Receipt this Period

702.00

P/R Deduction (\$54.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1079.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

THOMAS E BURTON

Mailing Address 35 MARA TRAIL

City

SOUTH WINDSOR

State

CT

Zip Code

06074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
VP Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.91

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1159841623217

Amount of Each Receipt this Period

108.29

P/R Deduction (\$8.33 Bi-W-  
eekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. ANTHONY WELTERS

Mailing Address 919 SAIGON ROAD

City

MCLEAN

State

VA

Zip Code

22102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
EVP UnitedHealth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1332013223217

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JOHN KIRCHNER

Mailing Address 1 WILLIAMSON LANE

City

LAMBERTVILLE

State

NJ

Zip Code

08530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1530190523217

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

3108.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

THELMA DUGGIN

Mailing Address 7214 EVANS MILL ROAD

City

MCLEAN

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP UnitedHealth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.90

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1530799223217

Amount of Each Receipt this Period

2307.72

P/R Deduction (\$192.31 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ROBERT J BOHNENKAMP

Mailing Address 4925 WOODS COURT

City

GREENWOOD

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1551005623217

Amount of Each Receipt this Period

2307.60

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL J BRESOLIN

Mailing Address 121 W VIEW STREET

City

LOMBARD

State

IL

Zip Code

60148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Care Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1551005723217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

4875.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

RITA T T DONOVAN

Mailing Address 1585 NW 124TH STREET

City

CLIVE

State

IA

Zip Code

50325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Network Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1551006623217

Amount of Each Receipt this Period

99.97

P/R Deduction (\$7.69 Bi-W-  
weekly)

**B.**

Full Name (Last, First, Middle Initial)

TIMOTHY J HEADY

Mailing Address 19019 VOGEL FARM TRAIL

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Pharmacy Benefit Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1551122523217

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER R HOCK

Mailing Address 215 WINDMILL HILL

City

WETHERSFIELD

State

CT

Zip Code

06109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.58

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1551128923217

Amount of Each Receipt this Period

150.02

P/R Deduction (\$11.54 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

769.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

LISA G G HOLUBEC

Mailing Address 1303 SALADO DRIVE

City

ALLEN

State

TX

Zip Code

75013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir Med & Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.21

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1551129223217

Amount of Each Receipt this Period

190.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY W KAGAN

Mailing Address 52 CRESTWOOD LANE

City

FARMINGVILLE

State

NY

Zip Code

11738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1551132323217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

GERALD JOHN KNUTSON

Mailing Address 520 KIMBERLY LN N

City

PLYMOUTH

State

MN

Zip Code

55447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

706.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1551132523217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL C MATTEO

Mailing Address 25 JEREMIAHS WAY

City

SOUTH GLASTONBURY

State

CT

Zip Code

06073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

CEO National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1551133423217

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DANIEL MORAGA

Mailing Address 1009 JEFFERSON ST NE

City

ALBUQUERQUE

State

NM

Zip Code

87110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1551134223217

Amount of Each Receipt this Period

99.97

P/R Deduction (\$7.69 Bi-W-  
eekly)

**C.**

Full Name (Last, First, Middle Initial)

DAWN M OWENS

Mailing Address 2119 E LAKE OF THE ISLES PKWY

City

MINNEAPOLIS

State

MN

Zip Code

55405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1551160323217

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

599.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

ERIKA A ROGERS

Mailing Address 2449 GUYNN AVENUE

City

CHICO

State

CA

Zip Code

95926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Strategic Client Exec-Uniprise

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1551160723217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

THOMAS J VALERIUS

Mailing Address 2820 DEER RUN TRAIL

City

LONG LAKE

State

MN

Zip Code

55356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Recruitment Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2076.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1551161323217

Amount of Each Receipt this Period

999.96

P/R Deduction (\$76.92 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

LOIS T WEIHRAUCH

Mailing Address 8045 CHEYENNE AV

City

CHANHASSEN

State

MN

Zip Code

55317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1458.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1551161423217

Amount of Each Receipt this Period

702.00

P/R Deduction (\$54.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1831.96

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JOHN O ENDERLE

Mailing Address 31 ANDREIS TRAIL

City

SOUTH WINDSOR

State

CT

Zip Code

06074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1485.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1554323523217

Amount of Each Receipt this Period

715.00

P/R Deduction (\$55.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

CHRISTINE MCCARTNEY HARRIS

Mailing Address 25 JUSTIN LANE

City

WETHERSFIELD

State

CT

Zip Code

06109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1554323623217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

RICK M JELINEK

Mailing Address 5570 WOODSIDE LANE

City

SHOREWOOD

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1554323923217

Amount of Each Receipt this Period

2307.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

3152.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL RADU

Mailing Address 42820 VIOLA CT

City

LEESBURG

State

VA

Zip Code

20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

936.45

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1554324523217

Amount of Each Receipt this Period

667.23

P/R Deduction (\$54.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

CATHERINE E SPILLANE

Mailing Address 3807 PLEASANT VALLEY DRIVE

City

MISSOURI CITY

State

TX

Zip Code

77459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Business Process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1554324623217

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KIRK E STAPLETON

Mailing Address 3840 INGLEWOOD AVE S

City

SAINT LOUIS PARK

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Network Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1554324723217

Amount of Each Receipt this Period

650.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1567.22

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

AMY E WEIMERSKIRCH

Mailing Address 17214 WILDERNESS COURT SE

City	State	Zip Code
PRIOR LAKE	MN	55372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
Mgr Product Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR1554324923217

Amount of Each Receipt this Period

99.97

P/R Deduction (\$7.69 Bi-W-  
eekly)**B.**

Full Name (Last, First, Middle Initial)

KAREN L ERICKSON

Mailing Address 13805 53RD AVENUE NORTH UNIT 3

City	State	Zip Code
PLYMOUTH	MN	55446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
SVP Corporate Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR1575957623217

Amount of Each Receipt this Period

2307.60

P/R Deduction (\$192.30 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

ERNEST MONFILETTO

Mailing Address 3062 COMFORT ROAD

City	State	Zip Code
NEW HOPE	PA	18938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
Plan President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2076.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR1575958123217

Amount of Each Receipt this Period

999.96

P/R Deduction (\$76.92 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

3407.53

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

LEE D VALENTA

Mailing Address 4701 GOLF TERRACE

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1575958523217

Amount of Each Receipt this Period

2307.60

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DAVID B OSTLER

Mailing Address 11804 Waterford Road

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP IBS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1580864623217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

THOMAS S PAUL

Mailing Address 2006 QUEEN AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1580864723217

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2937.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

ROBERT THOMAS WEBB

Mailing Address 4516 DREXEL AVENUE

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

CEO Care Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1580865323217

Amount of Each Receipt this Period

2307.60

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

RICHARD J HUGHES

Mailing Address 735 SAINT MORITZ

City

VICTORIA

State

MN

Zip Code

55386

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Human Capital Dvlpmnt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596304123217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

THAD C JOHNSON

Mailing Address 16848 STIRRUP LN

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Sr Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596304323217

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2632.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JOHN KING

Mailing Address 1 EDEN HILL LANE

City

SOUTHWICK

State

MA

Zip Code

01077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Sales - Uniprise

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 9

Transaction ID: PR1596304423217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

GAYE ADAMS MASSEY

Mailing Address 11641 TANGLEWOOD DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Sr Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3115.26

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 9

Transaction ID: PR1596304523217

Amount of Each Receipt this Period

1499.94

P/R Deduction (\$115.38 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JAY S MATUSHAK

Mailing Address 9346 SHETLAND ROAD

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Healthcare Econ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.58

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 9

Transaction ID: PR1596304623217

Amount of Each Receipt this Period

150.02

P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1779.96

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

GEORGE L MIKAN III

Mailing Address 4901 ROLLING GREEN PARKWAY

City	State	Zip Code
EDINA	MN	55436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
EVP CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: PR1596304823217

Amount of Each Receipt this Period

2307.60

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

CAROL B MORNESS

Mailing Address 401 N 2ND ST UNIT 512

City	State	Zip Code
MINNEAPOLIS	MN	55401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
Dir Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: PR1596304923217

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DANIEL J SCHUMACHER

Mailing Address 11582 RASPBERRY HILL ROAD

City	State	Zip Code
EDEN PRAIRIE	MN	55344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
Market Group CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: PR1596305423217

Amount of Each Receipt this Period

99.97

P/R Deduction (\$7.69 Bi-W-  
eekly)

SUBTOTAL of Receipts This Page (optional) .....

2907.55

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DAVID LYNN SPARKMAN

Mailing Address 11709 WELTERS WAY

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Market Group CAO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596305523217

Amount of Each Receipt this Period

99.97

P/R Deduction (\$7.69 Bi-W-  
weekly)

**B.**

Full Name (Last, First, Middle Initial)

SCOTT E THEISEN

Mailing Address 1950 MEADOWWOODS TRAIL

City

LONG LAKE

State

MN

Zip Code

55356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Product Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596305623217

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

THOMAS D LEWIS

Mailing Address 306 CHIPPEWA AVENUE

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596306923217

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

849.94

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

ROBERT W OBERRENDER

Mailing Address 4505 MOORLAND AVENUE

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596307023217

Amount of Each Receipt this Period

419.00

P/R Deduction (\$50.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KENNETH J ANDERSON

Mailing Address 12700 NE 245TH AVE

City

BRUSH PRAIRIE

State

WA

Zip Code

98606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Development Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596309223217

Amount of Each Receipt this Period

99.97

P/R Deduction (\$7.69 Bi-W-weekly)

**C.**

Full Name (Last, First, Middle Initial)

DIANE BEDNAR FLYNN

Mailing Address 3318 FOXRIDGE CIRCLE

City

TAMPA

State

FL

Zip Code

33618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596309723217

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

843.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY S COOK

Mailing Address 21311 OAK RIDGE CT

City

SAN ANTONIO

State

TX

Zip Code

78258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.42

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596311323217

Amount of Each Receipt this Period

103.86

P/R Deduction (\$11.54 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

RAMON E COTO

Mailing Address 14021 LEANING PINE DRIVE

City

MIAMI LAKES

State

FL

Zip Code

33014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596311523217

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

TRACY L DAVIDSON

Mailing Address 6058 HARBOUR TOWN CIR

City

WESTERVILLE

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Network Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596311623217

Amount of Each Receipt this Period

99.97

P/R Deduction (\$7.69 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

453.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY P DOOLEY

Mailing Address 407 GRENACHE CIRCLE

City

CLAYTON

State

CA

Zip Code

94517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

KA VP Sales and Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.58

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596312123217

Amount of Each Receipt this Period

150.02

P/R Deduction (\$11.54 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

RICHARD G DUNLOP

Mailing Address 2964 WYSE COURT

City

LEWIS CENTER

State

OH

Zip Code

43035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596312323217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JILLIAN FOUCRE

Mailing Address 314 GREENFIELD

City

GLEN ELLYN

State

IL

Zip Code

60137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596312723217

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

605.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

STEVAN D GARCIA

Mailing Address 4675 DELAWARE DRIVE

City

LARKSPUR

State

CO

Zip Code

80118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596312923217

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

EDWARD J HAWLEY

Mailing Address 7642 N VIA CAMELLO DEL SUR

City

SCOTTSDALE

State

AZ

Zip Code

85258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SB SVP National SIs & AM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596313623217

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KURT A HEUMANN

Mailing Address 9825 GERALD DR

City

SAINT LOUIS

State

MO

Zip Code

63128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596313723217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1009.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MARY M HIGGINS

Mailing Address 54 BELCREST ROAD

City

WEST HARTFORD

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596313823217

Amount of Each Receipt this Period

99.97

P/R Deduction (\$7.69 Bi-W-  
eekly)

**B.**

Full Name (Last, First, Middle Initial)

TIMOTHY T KAJA

Mailing Address W279 N2819 ROCKY POINT ROAD

City

PEWAUKEE

State

WI

Zip Code

53072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596314523217

Amount of Each Receipt this Period

99.97

P/R Deduction (\$7.69 Bi-W-  
eekly)

**C.**

Full Name (Last, First, Middle Initial)

JASON A NORRIS

Mailing Address 34 CASTLEROCK LANE

City

BOLTON

State

CT

Zip Code

06043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Sr Underwriting Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596316423217

Amount of Each Receipt this Period

99.97

P/R Deduction (\$7.69 Bi-W-  
eekly)

**SUBTOTAL** of Receipts This Page (optional) .....

299.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JOHN H RENNICK JR

Mailing Address 3220 LAKEWOOD EDGE DRIVE

City

CHARLOTTE

State

NC

Zip Code

28269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596316823217

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

STEPHAN S RODGERS

Mailing Address 3455 CONGRESS STREET

City

FAIRFIELD

State

CT

Zip Code

06824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Healthcare Strategies

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596317123217

Amount of Each Receipt this Period

2307.60

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DANIEL I ROSENTHAL

Mailing Address 6500 SW 131 STREET

City

MIAMI

State

FL

Zip Code

33156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596317323217

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2807.58

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

KEVIN J RUTH

Mailing Address 16621 ALEXANDER MANOR DRIVE

City

SILVER SPRING

State

MD

Zip Code

20905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Enterprise Clinical Alignm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2025.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 9

Transaction ID: PR1596317423217

Amount of Each Receipt this Period

975.00

P/R Deduction (\$75.00 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

MANUEL A SELVA

Mailing Address 7602 NW 127TH MANOR

City

PARKLAND

State

FL

Zip Code

33076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 9

Transaction ID: PR1596317723217

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

ROXANNE THOMAS

Mailing Address 720 COUNTRY LAKES DR

City

CIRCLE PINES

State

MN

Zip Code

55014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Product Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.58

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 9

Transaction ID: PR1596318923217

Amount of Each Receipt this Period

150.02

P/R Deduction (\$11.54 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

1375.01

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

CHRIS B TURNAU

Mailing Address PO BOX 43216

3741 DUNBAR KNOLL

City

BROOKLYN PARK

State

MN

Zip Code

55443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: PR1596319123217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

FRANK M VIERLING

Mailing Address N5021 GREENS COULEE

City

ONALASKA

State

WI

Zip Code

54650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: PR1596319423217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

M LAURIE WASSERSTEIN

Mailing Address 92 GOODWIN CIRCLE

City

HARTFORD

State

CT

Zip Code

06105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

PS National VP Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: PR1596319523217

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

509.99

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MYRON R WERLEY

Mailing Address 4260 FOXBERRY COURT

City

MEDINA

State

MN

Zip Code

55340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596319623217

Amount of Each Receipt this Period

162.50

P/R Deduction (\$12.50 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM R WILSON

Mailing Address 7 CLIFFORD AVENUE

City

TOLLAND

State

CT

Zip Code

06084

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596320023217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JANET P WRIGHT

Mailing Address 7310 WELLS RD

City

PLAIN CITY

State

OH

Zip Code

43064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Mgr IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1596320123217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

422.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JOHN P DODDY

Mailing Address 1 ROXITICUS VIEW

City

CHESTER

State

NJ

Zip Code

07930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1600597323217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL D MICHAUX

Mailing Address 742 GOODRICH AVE

City

SAINT PAUL

State

MN

Zip Code

55105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Acquisitions & Integrations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.58

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1600598523217

Amount of Each Receipt this Period

150.02

P/R Deduction (\$11.54 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

LEWIS G SANDY

Mailing Address 4800 SUNNYSLOPE ROAD E

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Clinical Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1755.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1600598723217

Amount of Each Receipt this Period

845.00

P/R Deduction (\$65.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1255.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL P CAUTIN

Mailing Address 8770 NOTTINGHAM POINTE WAY

City

FT MYERS

State

FL

Zip Code

33912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1602667523217

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MATTHEW W PETERSON

Mailing Address 20595 SPENCER LANE

City

SHOREWOOD

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Market Group CAO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1602669923217

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JEFF W MALONEY

Mailing Address 18076 CLEAR SPRING LANE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Operations - Evercare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2596.05

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1613243523217

Amount of Each Receipt this Period

1249.95

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2019.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

PAT CELLI

Mailing Address 481 BENITO STREET

City

EAST MEADOW

State

NY

Zip Code

11554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Plan President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1613243723217

Amount of Each Receipt this Period

99.97

P/R Deduction (\$7.69 Bi-W-  
eekly)

**B.**

Full Name (Last, First, Middle Initial)

ALLEN LAWRENCE FINKELSTEIN

Mailing Address 8 EAST 76TH STREET

City

NEW YORK

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Sr Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1620989023217

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

LINDA L CULLEN

Mailing Address 441 E N BROADWAY

City

COLUMBUS

State

OH

Zip Code

43214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Assoc Dir Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1632359723217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

729.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DANIEL S WALLER

Mailing Address 17034 BAINBRIDGE DR

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Dir Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1632360023217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM F KENNEDY

Mailing Address 14 MYRA LN

City

BURLINGTON

State

CT

Zip Code

06013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Dir IT Project Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.51

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1653443123217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

STEVE R KOOREN

Mailing Address 4444 ELLSWORTH DRIVE

City

EDINA

State

MN

Zip Code

55435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Business Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1557.63

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1653443223217

Amount of Each Receipt this Period

749.97

P/R Deduction (\$57.69 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1139.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

THOMAS J BELLAMY

Mailing Address 2743 THOMAS AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SB VP Sales and Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1557.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1653444323217

Amount of Each Receipt this Period

750.10

P/R Deduction (\$57.70 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ROBERT L HOLMAN

Mailing Address N12464 HORSESHOE BEND RD

City

MINONG

State

WI

Zip Code

54859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Provider Reimb

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR16534445023217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DANIEL T SULLIVAN

Mailing Address 57 QUORN HUNT ROAD

City

WEST SIMSBURY

State

CT

Zip Code

06092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir IT Project Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.58

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR16534445823217

Amount of Each Receipt this Period

150.02

P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1030.12

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JOYCE A LARKIN

Mailing Address 511 WESTMINSTER ROAD

City	State	Zip Code
EDGEWATER	MD	21037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2076.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: PR1677771623217

Amount of Each Receipt this Period

999.96

P/R Deduction (\$76.92 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH K BELLIS

Mailing Address 9615 HARDY

City	State	Zip Code
OVERLAND PARK	KS	66212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
Sr Business Process Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: PR1711240223217

Amount of Each Receipt this Period

99.97

P/R Deduction (\$7.69 Bi-W-  
eekly)**C.**

Full Name (Last, First, Middle Initial)

Mr. MILES S SNOWDEN

Mailing Address 3568 REMBRANDT ROAD

City	State	Zip Code
ATLANTA	GA	30327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
SVP Health Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: PR1746717823217

Amount of Each Receipt this Period

2307.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

3407.53

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JOHN T KOUTSOUMPAS JR

Mailing Address 7202 CONNECTICUT AVENUE

City

CHEVY CHASE

State

MD

Zip Code

20815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1748514523217

Amount of Each Receipt this Period

2307.60

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ANN DESTWOLINSKI

Mailing Address 19117 ARTESIAN COURT

City

DERWOOD

State

MD

Zip Code

20855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir Utilization Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1806441623217

Amount of Each Receipt this Period

143.00

P/R Deduction (\$11.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JASON DUDASH

Mailing Address 2918 BACHMAN RD

City

MANCHESTER

State

MD

Zip Code

21102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Mgr Applications Dvlpmnt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1806441923217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2580.60

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JEFF L LEVINE

Mailing Address 619 BOND AVE

City

REISTERSTOWN

State

MD

Zip Code

21136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

PS Mgr Acct Mgmt (FEHBP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1806443223217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM TALAMANTES

Mailing Address 11618 ROLLING MEADOW DR

City

GREAT FALLS

State

VA

Zip Code

22066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Six Sigma Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.20

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1806444723217

Amount of Each Receipt this Period

228.80

P/R Deduction (\$17.60 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

LORI A ARCHER

Mailing Address 2781 SADDLE CLUB ROAD

City

GREENWOOD

State

IN

Zip Code

46143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Provider Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.58

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1806750123217

Amount of Each Receipt this Period

150.02

P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

638.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

GREGORY A BAYER

Mailing Address 3369 STAGE COACH DR

City

LAFAYETTE

State

CA

Zip Code

94549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

CEO Behavioral Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1806750223217

Amount of Each Receipt this Period

455.00

P/R Deduction (\$35.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

PAUL M EMERSON

Mailing Address 13904 NEVADA AVE S

City

SAVAGE

State

MN

Zip Code

55378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1806750323217

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

SHERRIC PINOTTI

Mailing Address 416 BEAR AVE S

City

VADNAIS HEIGHTS

State

MN

Zip Code

55127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.95

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1832039823217

Amount of Each Receipt this Period

123.50

P/R Deduction (\$9.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1078.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MICHELLE D LEDELL

Mailing Address 5115 SARATOGA LANE

City

PLYMOUTH

State

MN

Zip Code

55442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Human Capital Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1882850623217

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

CATHERINE K ANDERSON

Mailing Address 37 W 2000 S

City

DRIGGS

State

ID

Zip Code

83422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Marketing Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1557.90

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1903550723217

Amount of Each Receipt this Period

750.10

P/R Deduction (\$57.70 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KAREN T BATTAGLINI

Mailing Address 70 ROCKLEDGE DR

City

SOUTH WINDSOR

State

CT

Zip Code

06074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1903554823217

Amount of Each Receipt this Period

99.97

P/R Deduction (\$7.69 Bi-W-  
eekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1370.07

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

KATHLEEN L BISHOP

Mailing Address 145 COTTAGE RD

City

ENFIELD

State

CT

Zip Code

06082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Dir Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1903560823217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ERNEST R BOURASSA

Mailing Address 123 WESTCHESTER TERRACE

City

ANNANDALE

State

NJ

Zip Code

08801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Dir Network Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1903562423217

Amount of Each Receipt this Period

99.97

P/R Deduction (\$7.69 Bi-W-weekly)

**C.**

Full Name (Last, First, Middle Initial)

ROBERT J DUFEK

Mailing Address 816 PROMONTORY PLACE

City

EAGAN

State

MN

Zip Code

55123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1903577123217

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

684.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

SUSAN B EDBERG

Mailing Address 9727 WELLINGTON RIDGE

City

WOODBURY

State

MN

Zip Code

55125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1903578123217

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER T JOHNSON

Mailing Address 12880 53RD STREET NORTH

City

STILLWATER

State

MN

Zip Code

55082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1903591123217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

BRIAN K PRZYGOCKI

Mailing Address 30 FAWN HILL DRIVE

City

BURLINGTON

State

CT

Zip Code

06013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1903615123217

Amount of Each Receipt this Period

99.97

P/R Deduction (\$7.69 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1529.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JOHN C SANTELLI

Mailing Address 17498 GEORGE MORAN DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
SVP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.10

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1903622023217

Amount of Each Receipt this Period

251.54

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

PAUL D WEYMOUTH

Mailing Address 128 WOODLAND RD

City

COVENTRY

State

CT

Zip Code

06238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Dir Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1903636923217

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

PAMELA JAMIAN

Mailing Address 15316 COUTOLENC RD

City

MAGALIA

State

CA

Zip Code

95954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Dir Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.58

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1910417423217

Amount of Each Receipt this Period

150.02

P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

651.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

BRADLEY E ALLEN

Mailing Address 1046 THORNBERRY CREEK DR

City

ONEIDA

State

WI

Zip Code

54155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Sr Associate General Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119466823217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JON D D BEATY

Mailing Address 12103 SE TURLEY PLACE

City

HAPPY VALLEY

State

OR

Zip Code

97086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Clinical Quality

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119467823217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

RUSSELL A BENNETT

Mailing Address 4 HALSEY AVE

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Marketing Bus Dev

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119468023217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

SUSAN LYNN BERKEL

Mailing Address 10 SHADOW GLEN

City

IRVINE

State

CA

Zip Code

92620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119468123217

Amount of Each Receipt this Period

2304.00

P/R Deduction (\$192.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DAVID N N BOOHER

Mailing Address 14812 SUMMERBREEZE WY

City

SAN DIEGO

State

CA

Zip Code

92128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Mgr Pharmacy Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119468623217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KATHIE L BRYAN

Mailing Address 912 JOSHUA PLACE

City

SAN DIEGO

State

CA

Zip Code

92154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir Mrkting Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119469423217

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2759.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DANIEL P CADRIEL

Mailing Address 7010 W AURORA DR

City

GLENDAL

State

AZ

Zip Code

85308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

PS Dir. Strategic Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119469823217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

COLLEEN CAMPBELL

Mailing Address 5753 E SANTA ANA CYN RD # G502

City

ANAHEIM

State

CA

Zip Code

92807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir Clinical Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119469923217

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

ROBIN L CARDER

Mailing Address 17881 W 35TH STEET SOUTH

City

SAND SPRINGS

State

OK

Zip Code

74063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Sr Network Pricing Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119470123217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

455.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DAVID S CARLSON

Mailing Address 13130 WESTPORT ST

City

MOORPARK

State

CA

Zip Code

93021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Marketing Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119470223217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

LESLIE J CARTER

Mailing Address 19021 POPPY HILL CIRCLE

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Network Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2592.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119470323217

Amount of Each Receipt this Period

1248.00

P/R Deduction (\$96.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

HAROLD COATS

Mailing Address 8112 SAPHIRE BAY CIRCLE

City

LAS VEGAS

State

NV

Zip Code

89128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Natl Medical Director/CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119471023217

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1608.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

RANDELL J CORREIA

Mailing Address PO BOX 1025

City

RANCHO SANTA FE

State

CA

Zip Code

92067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Pharmacy Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119471323217

Amount of Each Receipt this Period

390.00

P/R Deduction (\$30.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

RICHARD A CROSS

Mailing Address 11361 DONOVAN ROAD

City

ROSSMOOR

State

CA

Zip Code

90720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Deputy General Counsel (Mgr)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119471823217

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KENNETH R DAVIS

Mailing Address 7640 N 10TH AVE

City

PHOENIX

State

AZ

Zip Code

85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119472523217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

LINDA M DAYAN

Mailing Address 5364 E ABBEYFIELD ST

City

LONG BEACH

State

CA

Zip Code

90815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119472623217

Amount of Each Receipt this Period

247.00

P/R Deduction (\$19.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

TODD J DEMBROSKI

Mailing Address 1390 FINCH LN

City

GREEN BAY

State

WI

Zip Code

54313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119472823217

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

ANDREA E DILWEG

Mailing Address 2321 CARROLL PK SOUTH

City

LONG BEACH

State

CA

Zip Code

90814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119472923217

Amount of Each Receipt this Period

481.00

P/R Deduction (\$37.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

923.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

TARA M DUNGAN

Mailing Address PO BOX 691354

City

SAN ANTONIO

State

TX

Zip Code

78269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Mgr Medical & Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119473223217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

BRADLEY M FLUITT

Mailing Address 108 NORTH ROLLING OAKS

City

SAN ANTONIO

State

TX

Zip Code

78253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119474123217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

ANGELO GIAMBRONE

Mailing Address 1821 PARK STREET

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Network Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1620.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119475123217

Amount of Each Receipt this Period

780.00

P/R Deduction (\$60.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1040.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

AMY J GILDERNICK

Mailing Address 2709 WILLIAMS GRANT

City

DE PERE

State

WI

Zip Code

54115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119475223217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

SANDRA R GLICKMAN

Mailing Address 13622 SIOUX RD

City

WESTMINSTER

State

CA

Zip Code

92683

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Case Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119475323217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MARIA C GONZALES

Mailing Address 14111 PARKHURST

City

SAN ANTONIO

State

TX

Zip Code

78232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Mgr Case Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119475423217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DAVID M HANSEN

Mailing Address 33 VIA CONOCIDO

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3645.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119476723217

Amount of Each Receipt this Period

1755.00

P/R Deduction (\$135.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ANNE P HARVEY

Mailing Address 4916 THOR WAY

City

CARMICHAEL

State

CA

Zip Code

95608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir Provider Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119477223217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

PAULINE M HAYES

Mailing Address 2093 NORDIC STREET

City

ORANGE

State

CA

Zip Code

92865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119477423217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2015.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

SAMUEL W HO

Mailing Address 4220 OCEAN DR

City

MANHATTAN BEACH

State

CA

Zip Code

90266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Market Grp Chief Clinical Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119477923217

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KEVIN C HOSKINS

Mailing Address 1918 E DIAMOND DRIVE

City

TEMPE

State

AZ

Zip Code

85283

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Mgr Reporting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119478123217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KEVIN D HOST

Mailing Address 9090 ROTHERHAM AVE

City

SAN DIEGO

State

CA

Zip Code

92129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Pharmacy Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119478223217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1690.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DONNAL HUSER

Mailing Address 406 SKYTRAIL DR

City

NEW BRAUNFELS

State

TX

Zip Code

78130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Spvsr Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119478623217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

BRIAN JEFFREY

Mailing Address 9 RIMROCK

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Network Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119479123217

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JOHN D JONES

Mailing Address 3562 REDWOOD

City

IRVINE

State

CA

Zip Code

92606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2592.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119479223217

Amount of Each Receipt this Period

1248.00

P/R Deduction (\$96.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1703.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

RONALD W JORDAN

Mailing Address 1626 NW 38TH ST

City

OKLAHOMA CITY

State

OK

Zip Code

73118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119479323217

Amount of Each Receipt this Period

65.00

P/R Deduction (\$5.00 Bi-W-  
eekly)

**B.**

Full Name (Last, First, Middle Initial)

MARK C KNUTSON

Mailing Address 13102 PALOMAR WAY

City

NORTH TUSTIN

State

CA

Zip Code

92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119480223217

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

PAMELA S LEAL

Mailing Address 8371 CLARKDALE

City

HUNTINGTON BEACH

State

CA

Zip Code

92646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Network Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119481023217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

CHARLES E LEWIS

Mailing Address 7417 S LAFAYETTE CR EAST

City State Zip Code  
 CENTENNIAL CO 80122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Sales Market Leader - Medicare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119481523217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

SUSAN A LINDE

Mailing Address 9845 JOEL CIRCLE

City State Zip Code  
 CYPRESS CA 90630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Mgr Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119481823217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KATHRYN H LOURTIE

Mailing Address 307 29TH STREET

City State Zip Code  
 HERMOSA BEACH CA 90254

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Assoc Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119482123217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

SANDY M LUEDKE

Mailing Address 1208 COPRINUS DR

City

GREEN BAY

State

WI

Zip Code

54313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

IT Database Cnslntr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119482223217

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

TIMOTHY A LUKER

Mailing Address 3115 S GOTHIC CIRCLE

City

GREEN BAY

State

WI

Zip Code

54313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119482323217

Amount of Each Receipt this Period

104.00

P/R Deduction (\$8.00 Bi-W-weekly)

**C.**

Full Name (Last, First, Middle Initial)

HEATHER M MACE-MEADOR

Mailing Address 13531 CARLTON OAKS

City

SAN ANTONIO

State

TX

Zip Code

78232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Healthcare Econ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119482523217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

559.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY S MASON

Mailing Address 5670 SHEMIRAN ST

City

LA VERNE

State

CA

Zip Code

91750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119483023217

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

CHARLEEN M MILBURN

Mailing Address 3041 SAN LORENZO WAY

City

CARMICHAEL

State

CA

Zip Code

95608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1755.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119483923217

Amount of Each Receipt this Period

845.00

P/R Deduction (\$65.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

BENITO M MIRANDA

Mailing Address PO BOX 1522

City

LOMITA

State

CA

Zip Code

90717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Community Developer - Sec Hor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119484223217

Amount of Each Receipt this Period

156.00

P/R Deduction (\$12.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1196.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

NANCY J MONK

Mailing Address 12271 CHIANTI DRIVE

City

LOS ALAMITOS

State

CA

Zip Code

90720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Govt Affairs & Compl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119484323217

Amount of Each Receipt this Period

650.00

P/R Deduction (\$50.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

CAROLYN L MURRAY

Mailing Address 2288 BUFFALO RUN AVE

City

LAS VEGAS

State

NV

Zip Code

89123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Acq Mgr Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119484823217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

SCOTT A NEURURER

Mailing Address 9852 SILVRETTA DRIVE

City

CYPRESS

State

CA

Zip Code

90630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

578.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119484923217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

910.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

KEITH E NYGARD

Mailing Address 372 1/2 NEWPORT AVE

City

LONG BEACH

State

CA

Zip Code

90814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119485023217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

TRACY L OLLMANN-WAGNER

Mailing Address 2839 TIMBER LANE

City

GREEN BAY

State

WI

Zip Code

54313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Mgr Traffic/Workforce

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119485223217

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

WILLIAM H OLSON

Mailing Address 1825 GALINDO AVE APT 416

City

CONCORD

State

CA

Zip Code

94520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119485323217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

585.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

CYNTHIA ANN OTTO

Mailing Address 1855 O LEARY ROAD

City

NEENAH

State

WI

Zip Code

54956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir Case Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119485423217

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

LYNDA A PAXSON

Mailing Address 3924 E GARNET PL

City

HIGHLANDS RANCH

State

CO

Zip Code

80126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Service Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119485823217

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DIANA S PETE

Mailing Address 9010 MORNINGSTAR DRIVE

City

SUGAR LAND

State

TX

Zip Code

77479

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir Utilization Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119486323217

Amount of Each Receipt this Period

156.00

P/R Deduction (\$12.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

676.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MICHELLE LYNN PETERS

Mailing Address 1128 COUNTRYSIDE DR

City

DE PERE

State

WI

Zip Code

54115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119486423217

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

AUSTIN T PITTMAN

Mailing Address 14 LOCH RIDGE DRIVE

City

GREENSBORO

State

NC

Zip Code

27408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Chief Growth Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3645.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119486723217

Amount of Each Receipt this Period

1755.00

P/R Deduction (\$135.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CYNTHIA L POLICH

Mailing Address 3401 E VIA PALOMITA

City

TUCSON

State

AZ

Zip Code

85718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Chief Strategy Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119486823217

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

3250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

SHARON A RICCIUTI

Mailing Address 55 PERENNIAL

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Clinical Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119487923217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DEBBIE E ROGERS

Mailing Address 413 DOE RUN RD

City

SEQUIM

State

WA

Zip Code

98382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Sr Project Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119488623217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CAROL A SCACCIA

Mailing Address 6093 TRINIDAD AVE

City

CYPRESS

State

CA

Zip Code

90630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

KA New Bus Coord - PAC Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119489323217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MARTIN SING

Mailing Address 9407 LLANO VERDE

City

HELOTES

State

TX

Zip Code

78023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Customer Service

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119490123217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

RONALD R STETTLER

Mailing Address 6028 SCOTMIST DR

City

RANCHO PALOS VERDE

State

CA

Zip Code

90275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Healthcare Econ

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119490423217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MARILYNN D STYERS

Mailing Address 6485 WAYFINDERS CT

City

CARLSBAD

State

CA

Zip Code

92009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119490723217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

CHERYL TANIGAWA, MD

Mailing Address 5598 NAPLES CANAL

City

LONG BEACH

State

CA

Zip Code

90803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Natl Medical Director/CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119491123217

Amount of Each Receipt this Period

650.00

P/R Deduction (\$50.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MARY R TEYLAN

Mailing Address 11948 E 186TH ST

City

ARTESIA

State

CA

Zip Code

90701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Sr Accounting Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119491423217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CHERYL A THOMSON

Mailing Address 222 FOREST DR

City

SOBIESKI

State

WI

Zip Code

54171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119491623217

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

STEVEN M TUCKER

Mailing Address 11060 GOLD STAR LANE

City

SANTA ANA

State

CA

Zip Code

92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2592.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119492023217

Amount of Each Receipt this Period

1248.00

P/R Deduction (\$96.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

SUSAN VANASTEN

Mailing Address W313 GOLDEN GLOW RD

City

KAUKAUNA

State

WI

Zip Code

54130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Site Dir Medicare Inside Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119492623217

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

SCOTT B WESTPHAL

Mailing Address 4536 ROCKY RUN LN

City

OCOONTO

State

WI

Zip Code

54153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.58

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119493223217

Amount of Each Receipt this Period

150.02

P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1918.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

LINDA D DAUGHERTY

Mailing Address 15442 NORTH 19TH WAY

City

PHOENIX

State

AZ

Zip Code

85022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119493523217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

LORI S WOLFE

Mailing Address 17119 GRANGER PATCH

City

SAN ANTONIO

State

TX

Zip Code

78247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Mgr Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119493723217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

GREGORY WRIGHT

Mailing Address 13901 MAUVE DRIVE

City

SANTA ANA

State

CA

Zip Code

92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119494123217

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

715.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

GEORGE M YOUNG

Mailing Address 8131 S COOLIDGE WAY

City

AURORA

State

CO

Zip Code

80016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119494423217

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

STEVEN C YOUNG

Mailing Address 10765 QUAIL CREEK DRIVE EAST

City

PARKER

State

CO

Zip Code

80138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SB GA Account Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2119494523217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

FORREST G BURKE

Mailing Address 380 LEAF STREET

City

ORONO

State

MN

Zip Code

55356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

President PS Labor & Trust

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2133132423217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

455.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM R COLEMAN

Mailing Address 831 RATLEY ROAD

City

WEST SUFFIELD

State

CT

Zip Code

06093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Assoc Dir Network A&R

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2133132523217

Amount of Each Receipt this Period

156.00

P/R Deduction (\$12.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DANIEL M CUMMINGS

Mailing Address 1929 FAIRMOUNT AVE

City

SAINT PAUL

State

MN

Zip Code

55105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2133132623217

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CHARLES W HANSON

Mailing Address 4133 WHITE OAK LN

City

EXCELSIOR

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1393.74

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2133133123217

Amount of Each Receipt this Period

671.06

P/R Deduction (\$51.62 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1022.06

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
BROR O HULTGREN

Mailing Address 408 22ND ST

City State Zip Code  
GOLDEN CO 80401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2133133223217

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
CAROLYN E MAGILL

Mailing Address 100 THIRD AVE S # 1608

City State Zip Code  
MINNEAPOLIS MN 55401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Dir Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2133133523217

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
ALLEN D MILLER

Mailing Address 6209 CRESCENT DRIVE

City State Zip Code  
EDINA MN 55436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2133133623217

Amount of Each Receipt this Period

455.00

P/R Deduction (\$35.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1204.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

SUSAN C MORISATO

Mailing Address 238 ARDMORE ROAD

City

DES PLAINES

State

IL

Zip Code

60016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Federal Prog-UHG Alliances

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4050.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2133133823217

Amount of Each Receipt this Period

1950.00

P/R Deduction (\$150.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KIMBERLY ALLENE NETTLETON

Mailing Address 5003 DARNELL

City

HOUSTON

State

TX

Zip Code

77096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2133133923217

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

T JEFFREY PUTNAM

Mailing Address 303 ELMWOOD PLACE WEST

City

MINNEAPOLIS

State

MN

Zip Code

55419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Financial Png & Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2133134223217

Amount of Each Receipt this Period

2307.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

4452.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DIANE M SCHIMMELBUSCH

Mailing Address 2203 RIVER FALLS DRIVE

City

KINGWOOD

State

TX

Zip Code

77339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Medical & Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2133134623217

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ANITA W SHIELDS

Mailing Address 608 GLENVIEW DRIVE

City

HORSHAM

State

PA

Zip Code

19044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2133134723217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

AMIT TRIVEDI

Mailing Address 21 BREEZES

City

IRVINE

State

CA

Zip Code

92620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2133134823217

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

704.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

CYNTHIA A BARNOWSKI

Mailing Address 2380 LAKE LUCY ROAD

City

CHANHASSEN

State

MN

Zip Code

55317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

601.95

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2145728123217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DANIEL M COLE

Mailing Address 320 SATTERWHITE DRIVE

City

JOHNS CREEK

State

GA

Zip Code

30022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2145728323217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

ROBERT C FALKENBERG

Mailing Address 6069 WEATHERED OAK CT

City

WESTERVILLE

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2145728423217

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

889.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

ROB FARAHANI

Mailing Address PO BOX 704

City

HUNTINGTON

State

NY

Zip Code

11743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Dir IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 9

Transaction ID: PR2145728523217

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY A HARR

Mailing Address 2852 TIMBERVIEW TRAIL

City

CHASKA

State

MN

Zip Code

55318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Dir Sales Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 9

Transaction ID: PR2145728623217

Amount of Each Receipt this Period

99.97

P/R Deduction (\$7.69 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CARL T KIDD

Mailing Address 12210 OYSTER COVE COURT

City

STAFFORD

State

TX

Zip Code

77477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Dir Client Svc Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

778.95

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 9

Transaction ID: PR2145728823217

Amount of Each Receipt this Period

375.05

P/R Deduction (\$28.85 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

NANCY E LINDIMORE

Mailing Address 8256 SNEAD WAY

City

WESTERVILLE

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2145728923217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DAVID S LUBY

Mailing Address 6519 SPRING RUN DRIVE

City

WESTERVILLE

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

KA VP Sales and Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2145729023217

Amount of Each Receipt this Period

99.97

P/R Deduction (\$7.69 Bi-W-weekly)

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM Y MICKLE

Mailing Address 8 DURANGO COURT

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.84

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2145729123217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

489.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

WAYNE MILLER

Mailing Address 19521 SIERRA SOTO RD

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Client Svc Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2145729223217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

LEAH C RUMMEL

Mailing Address 12100 TRAUTWEIN ROAD

City

AUSTIN

State

TX

Zip Code

78737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2145729523217

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL P SCHWARZ

Mailing Address 13935 WOODRIDGE PATH

City

SAVAGE

State

MN

Zip Code

55378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2145729723217

Amount of Each Receipt this Period

455.00

P/R Deduction (\$35.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

910.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DANNETTE L SMITH

Mailing Address 5414 BYSCANE LANE

City

MINNETONKA

State

MN

Zip Code

55345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Sr Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3115.26

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2145729923217

Amount of Each Receipt this Period

1499.94

P/R Deduction (\$115.38 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

RANDALL SMITH

Mailing Address 20607 BROADWATER DRIVE

City

LAND O LAKES

State

FL

Zip Code

34638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Plan President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.58

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2145730023217

Amount of Each Receipt this Period

150.02

P/R Deduction (\$11.54 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MARGARET W WEAR

Mailing Address 44 TOPANGA

City

IRVINE

State

CA

Zip Code

92602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2145730223217

Amount of Each Receipt this Period

650.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2299.96

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

ARLENE DAVIDSON

Mailing Address 7528 NORTH 6TH PLACE

City

PHOENIX

State

AZ

Zip Code

85020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Marketing Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2162867023217

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DAVID A SPIVACK

Mailing Address 37 HIDDEN TRAIL

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2162867623217

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KURT C LEWIS

Mailing Address 961 RIVER FOREST DRIVE

City

MAINEVILLE

State

OH

Zip Code

45039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

KA VP Sales and Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.58

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2203967523217

Amount of Each Receipt this Period

150.02

P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2899.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

CHRISTINE W GIBSON

Mailing Address 8516 29TH AVE N

City

NEW HOPE

State

MN

Zip Code

55427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Market Grp Chief Mktg Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3115.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2225166723217

Amount of Each Receipt this Period

1499.94

P/R Deduction (\$115.38 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ANDREW M SLAVITT

Mailing Address 5125 MIRROR LAKES DRIVE

City

EDINA

State

MN

Zip Code

55436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4986.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2225167423217

Amount of Each Receipt this Period

3601.00

P/R Deduction (\$277.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JEAN-FRANCOIS BEAULE

Mailing Address 7 STRATFORD RD

City

FARMINGTON

State

CT

Zip Code

06032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1557.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2225813623217

Amount of Each Receipt this Period

750.10

P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

5851.04

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DANIEL M HARRIS

Mailing Address 51 REALITY ROAD

City

OXFORD

State

CT

Zip Code

06478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2225817523217

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

NANCY S MACK

Mailing Address 10140 26TH AVENUE NORTH

City

PLYMOUTH

State

MN

Zip Code

55441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir IT Project Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2225818423217

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CHARLES W MARTEL

Mailing Address 676 LAKE SUSAN HILLS DRIVE

City

CHANHASSEN

State

MN

Zip Code

55317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2225818623217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

574.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL MCGUIRE

Mailing Address 437 DRURY LANE

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

917.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2225818823217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ERIC S RANGEN

Mailing Address 15348 RED OAKS ROAD SE

City

PRIOR LAKE

State

MN

Zip Code

55372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Chief Accounting Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2225819323217

Amount of Each Receipt this Period

2307.60

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JOHN D RYAN

Mailing Address 45 WESTMORELAND LN

City

NAPERVILLE

State

IL

Zip Code

60540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

RVP Client Mgmt & Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2225819623217

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

3067.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

ROY T SAILOR

Mailing Address 276 COYOTE WILLOW DRIVE

City State Zip Code  
 COLORADO SPRINGS CO 80921

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2076.84

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2225819723217

Amount of Each Receipt this Period

999.96

P/R Deduction (\$76.92 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KAREN A DIPALMO

Mailing Address 7533 PRAIRIE VIEW DR

City State Zip Code  
 INDIANAPOLIS IN 46256

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Dir Network Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2231347223217

Amount of Each Receipt this Period

390.00

P/R Deduction (\$30.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JEFFERY A DROZDA

Mailing Address 321 HERITAGE POINT DRIVE

City State Zip Code  
 SIMPSONVILLE SC 29681

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Govt Rel Assoc Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2231347423217

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1909.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

SUSAN A FOWLER

Mailing Address 4396 CREEKSIDE PASS

City

ZIONSVILLE

State

IN

Zip Code

46077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP UHO Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2231349723217

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL HAMPTON

Mailing Address 1387 RED DUNES RUN

City

AVON

State

IN

Zip Code

46123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2231350523217

Amount of Each Receipt this Period

50.05

P/R Deduction (\$3.85 Bi-W-weekly)

**C.**

Full Name (Last, First, Middle Initial)

KASIA HANNA

Mailing Address 1419 HORNADAY RD

City

BROWNSBURG

State

IN

Zip Code

46112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Sr IT Project Cnsltnt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2231350623217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

375.05

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MARGARET C HAYS

Mailing Address 507 WOODLAND W DRIVE

City

GREENFIELD

State

IN

Zip Code

46140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Dir Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2231350723217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KIP J METHENY

Mailing Address 808 JEFFERSON

City

LAWRENCEVILLE

State

IL

Zip Code

62439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Spvsr Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2231351423217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

PAMELA ANN MOORE

Mailing Address RR 1 BOX 282A

City

BRIDGEPORT

State

IL

Zip Code

62417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Mgr Facilities

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.30

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2231351723217

Amount of Each Receipt this Period

128.70

P/R Deduction (\$9.90 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

388.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DONALD M MUDGETT

Mailing Address 8131 LAKE POINT WAY

City

INDIANAPOLIS

State

IN

Zip Code

46256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Assoc Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2231351923217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ANDREW L PEARSON

Mailing Address 7371 OAKLAND HILLS CIR

City

INDIANAPOLIS

State

IN

Zip Code

46236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Mgr IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2231352023217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JILL PHELPS

Mailing Address 95 KENSINGTON CT

City

PITTSBORO

State

IN

Zip Code

46167

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Sr IT Business Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2231352123217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DARRELL S RICHEY

Mailing Address 7244 TULIPTREE TRAIL

City

INDIANAPOLIS

State

IN

Zip Code

46256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Deputy General Counsel (Mgr)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2160.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2231352323217

Amount of Each Receipt this Period

1040.00

P/R Deduction (\$80.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JANET SUE SELF

Mailing Address 3202 BABSON CT

City

INDIANAPOLIS

State

IN

Zip Code

46268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2231352423217

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

AMANDA JANE SNIVELY

Mailing Address 704 EAST MAIN STREET

City

CARMEL

State

IN

Zip Code

46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

UHO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2231352523217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL R CONNLY

Mailing Address 570 MONTCALM PL

City

SAINT PAUL

State

MN

Zip Code

55116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Chief Technology Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2247625823217

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

TERRY J COTHRAN

Mailing Address 1513 PEACHTREE COURT

City

EDMOND

State

OK

Zip Code

73025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Mgr Pharmacy Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2247625923217

Amount of Each Receipt this Period

99.97

P/R Deduction (\$7.69 Bi-W-weekly)

**C.**

Full Name (Last, First, Middle Initial)

ANDREA M GREENE

Mailing Address 2720 FLORIDA AVE S

City

SAINT LOUIS PARK

State

MN

Zip Code

55426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2247626023217

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

814.97

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

CAROLYN B KERR

Mailing Address 3456 ROSENDALE ROAD

City

NISKAYUNA

State

NY

Zip Code

12309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

594.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR2247626223217

Amount of Each Receipt this Period

299.00

P/R Deduction (\$23.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

SHANKAR RAO

Mailing Address 10622 EQUESTRIAN DR

City

COWAN HEIGHTS

State

CA

Zip Code

92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR2247626323217

Amount of Each Receipt this Period

124.93

P/R Deduction (\$9.61 Bi-W-weekly)

**C.**

Full Name (Last, First, Middle Initial)

JOYCE M RUDDOCK

Mailing Address 4 SPLIT ROCK ROAD

City

NEWTOWN

State

CT

Zip Code

06470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR2247626423217

Amount of Each Receipt this Period

650.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

1073.93

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH R CARCIONE JR

Mailing Address 11 CARRIAGE WAY

City

WHITE PLAINS

State

NY

Zip Code

10605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1557.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2247626823217

Amount of Each Receipt this Period

750.10

P/R Deduction (\$57.70 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KEVIN DAVID KANTOLA

Mailing Address 7031 HALSTEAD DRIVE

City

MINNETRISTA

State

MN

Zip Code

55364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir IT Project Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2247627023217

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DENNIS P O'BRIEN

Mailing Address 61 LOUGHLIN AVE

City

COS COB

State

CT

Zip Code

06807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

RVP Network Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1557.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2247627323217

Amount of Each Receipt this Period

750.10

P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1825.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 101 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JEFFERY RICHARD VERNEY

Mailing Address 266 WESTLEDGE ROAD

City

WEST SIMSBURY

State

CT

Zip Code

06092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1557.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2247627423217

Amount of Each Receipt this Period

750.10

P/R Deduction (\$57.70 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DARRELL BROOKS

Mailing Address 425 QUEENSLAND LANE NORTH

City

PLYMOUTH

State

MN

Zip Code

55447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

VP Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1557.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2247627623217

Amount of Each Receipt this Period

750.10

P/R Deduction (\$57.70 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

SANJAY GARODIA

Mailing Address 282 MIDDAUGH

City

CLARENDON HILLS

State

IL

Zip Code

60514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2247627823217

Amount of Each Receipt this Period

461.52

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1961.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JACQUELINE B KOSECOFF

Mailing Address 1474 BIENVENEDA AVE

City

PACIFIC PALISADES

State

CA

Zip Code

90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2247627923217

Amount of Each Receipt this Period

2307.60

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DANIEL L OHMAN

Mailing Address 8970 MOOR PARK RUN

City

DULUTH

State

GA

Zip Code

30097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Region CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

726.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2247628023217

Amount of Each Receipt this Period

349.96

P/R Deduction (\$26.92 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY J CRUMBAUGH

Mailing Address 5841 MUIRFIELD DR SW # 2

City

CEDAR RAPIDS

State

IA

Zip Code

52404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Mgr Medicare Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2259635223217

Amount of Each Receipt this Period

99.97

P/R Deduction (\$7.69 Bi-W-  
eekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2757.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JOHN M PRINCE

Mailing Address 546 HARRINGTON ROAD

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2259738423217

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DAWN M SIGGETT

Mailing Address 5500 NICHOLSON RD

City

FOWLerville

State

MI

Zip Code

48836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2270335123217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CHRIS CRONN

Mailing Address 1611 W 5TH ST APT 232

City

AUSTIN

State

TX

Zip Code

78703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2270522923217

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1279.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

KAREN R FINNERTY

Mailing Address 4430 PARK POINT

City

LEWIS CENTER

State

OH

Zip Code

43035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Dir Sales Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2270546623217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JILL E LAVERDIERE

Mailing Address 3106 WILLOWBROOK DRIVE

City

REMINDEerville

State

OH

Zip Code

44202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SB Dir Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2270546723217

Amount of Each Receipt this Period

90.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM F MYERS

Mailing Address 2702 SOUTH FILLMORE STREET

City

DENVER

State

CO

Zip Code

80210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2359784123217

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

740.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

SIMON L STEVENS

Mailing Address 1716 EMERSON AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

EVP UnitedHealth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2364863223217

Amount of Each Receipt this Period

2307.60

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

THELMA L THOMPSON

Mailing Address 600 SECOND STREET # 303

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Govt Rel Assoc Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2364863323217

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY D ALTER

Mailing Address 3 WOODLAND ROAD

City

BELLE TERRE

State

NY

Zip Code

11777

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Region CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.80

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2402315223217

Amount of Each Receipt this Period

192.27

P/R Deduction (\$14.79 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2629.87

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JANI H DANIEL

Mailing Address PO BOX 507

City

FAYETTEVILLE

State

GA

Zip Code

30214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Assoc Dir General Management

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: PR2402315823217

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JEANNE M DE SA

Mailing Address 3000 TILDEN STREET NW #204-1

City

WASHINGTON

State

DC

Zip Code

20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Govt Rel Dir

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: PR2402315923217

Amount of Each Receipt this Period

650.00

P/R Deduction (\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CYNTHIA J GROENE

Mailing Address 7209 221 STREET N

City

PORT BYRON

State

IL

Zip Code

61275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Govt Rel Assoc Dir

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: PR2402316723217

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

1300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

LISA M HARRELL

Mailing Address 1741 CAMBRIDGE AVENUE

City State Zip Code  
FLOSSMOOR IL 60422

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2402316923217

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

SCOTT E HENDERSON

Mailing Address 749 PEARSON POINT PLACE

City State Zip Code  
ANNAPOLIS MD 21401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2402317023217

Amount of Each Receipt this Period

455.00

P/R Deduction (\$35.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

INGRID K HUMPHREY

Mailing Address 201 CAMELBACK RIDGE

City State Zip Code  
HENDERSON NV 89012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Dir Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2402317223217

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

ANGELA DAWN KEPLEY CARRIER

Mailing Address 3219 PENINSULA DRIVE

City

JAMESTOWN

State

NC

Zip Code

27282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Assoc Dir Case Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2402317723217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MARILYN LEVI-BAUMGARTEN

Mailing Address 4800 W 27TH ST

City

SAINT LOUIS PARK

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Dir Network Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2402317923217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JAKE LOGAN

Mailing Address 5520 CHEERY LYNN ROAD

City

PHOENIX

State

AZ

Zip Code

85018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2402318223217

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

845.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MARIA MCCAULEY

Mailing Address 15916 MARSHFIELD DRIVE

City

TAMPA

State

FL

Zip Code

33624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Sr Project Manager II

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: PR2402318423217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JILL RIVERS

Mailing Address 6648 DASHER COURT

City

COLUMBIA

State

MD

Zip Code

21045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Managing Dir HHS Consulting

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: PR2402319523217

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DIANE D SOUZA

Mailing Address 360 STANLEY DRIVE

City

GLASTONBURY

State

CT

Zip Code

6033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

CEO Specialty Benefits

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

4999.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: PR2402320023217

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Bi-W-  
eekly)

SUBTOTAL of Receipts This Page (optional) .....

585.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

LORI K SWEERE

Mailing Address 11826 GERMAINE TERRACE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

EVP Human Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2402320223217

Amount of Each Receipt this Period

455.00

P/R Deduction (\$35.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MYLYNN K TUFTE

Mailing Address 3630 26TH ST SE

City

DAWSON

State

ND

Zip Code

58428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Dir Medical & Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2402320323217

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KELLY WARREN

Mailing Address 1312 BOB HARRISON DR

City

AUSTIN

State

TX

Zip Code

78702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Dir Bus Dvlp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2402320523217

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

SHELLEY WIKE CRANLEY

Mailing Address 3801 MAURICE COURT

City

LAS VEGAS

State

NV

Zip Code

89108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Director Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2402444423217

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JAY M ANLIKER

Mailing Address 4306 MOUNTAIN LANE

City

WAUSAU

State

WI

Zip Code

54401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

CEO TPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2402445023217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JAMES C COLEMAN

Mailing Address 4135 ETHAN DRIVE

City

EAGAN

State

MN

Zip Code

55123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

VP Employee Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2402445223217

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1820.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JAMES D DONOVAN

Mailing Address 2816 MONTREAU DRIVE

City

FRISCO

State

TX

Zip Code

75034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

SVP Bus Dev and Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2402445323217

Amount of Each Receipt this Period

845.00

P/R Deduction (\$65.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JOHN L LARSEN

Mailing Address 11688 TANGLEWOOD DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

President Evercare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2402445623217

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KARA J RIOS

Mailing Address 5116 DUGGAN PLAZA

City

EDINA

State

MN

Zip Code

55439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Business Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4986.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2402445723217

Amount of Each Receipt this Period

3601.00

P/R Deduction (\$277.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

4771.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JOY O HIGA

Mailing Address 2208 ELM AVENUE

City

MANHATTAN BEACH

State

CA

Zip Code

90266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2402446223217

Amount of Each Receipt this Period

390.00

P/R Deduction (\$30.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

SOHINI G JINDAL

Mailing Address 19513 MILL DAM PLACE

City

LANSDOWNE

State

VA

Zip Code

20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2402446323217

Amount of Each Receipt this Period

764.68

P/R Deduction (\$58.72 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

RUSSELL C PETRELLA

Mailing Address 4612 MOORLAND AVENUE

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

President Americhoice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1445.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2402446423217

Amount of Each Receipt this Period

1105.00

P/R Deduction (\$85.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2259.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

JOELLE OISHI THORNHILL

Mailing Address 801 E TIMBER BRANCH PKWY

City State Zip Code  
ALEXANDRIA VA 22302

FEC ID number of contributing federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2402446523217

Amount of Each Receipt this Period

764.68

P/R Deduction (\$58.72 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

CORY ALEXANDER

Mailing Address 4203 BRADLEY LANE

City State Zip Code  
CHEVY CHASE MD 20815

FEC ID number of contributing federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
VP Gov't Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2405428823217

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

JOSEPH R STEVENS

Mailing Address 1621 BERKSHIRE RD

City State Zip Code  
COLUMBUS OH 43221

FEC ID number of contributing federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.Occupation  
Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2405429123217

Amount of Each Receipt this Period

799.99

P/R Deduction (\$66.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

4064.57

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

RODNEY CHARLES ARMSTEAD

Mailing Address 2513 EAST SAN MIGUEL AVENUE

City

PHOENIX

State

AZ

Zip Code

85016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2405430223217

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KAREN E BRACH

Mailing Address 1150 NORTH LAKE SHORE DR # 5A

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2408544523217

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

NANCY M ELLISON

Mailing Address PO BOX 82872

City

KENMORE

State

WA

Zip Code

98028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2408544623217

Amount of Each Receipt this Period

500.00

P/R Deduction (\$500.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

KAREN ANN SAELENS

Mailing Address 105 N FLORENCE AVE

City

LITCHFIELD PARK

State

AZ

Zip Code

85340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2408544823217

Amount of Each Receipt this Period

240.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER J WALSH

Mailing Address 25675 MAPLE VIEW COURT

City

SHOREWOOD

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2408544923217

Amount of Each Receipt this Period

500.00

P/R Deduction (\$500.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KATHLYN G WEE

Mailing Address 3912 YUMA ST NW #4

City

WASHINGTON

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2408545023217

Amount of Each Receipt this Period

240.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

980.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

GAIL BOUDREAUX KOZIARA

Mailing Address 841 HOLDEN COURT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.90

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2437119523217

Amount of Each Receipt this Period

4999.90

P/R Deduction (\$0.00 Bi-W-  
eekly)

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM A HAGAN

Mailing Address 6536 E GREYTHORN DRIVE

City

SCOTTSDALE

State

AZ

Zip Code

85262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.90

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2437120023217

Amount of Each Receipt this Period

4999.90

P/R Deduction (\$0.00 Bi-W-  
eekly)

**C.**

Full Name (Last, First, Middle Initial)

KENNETH YALE

Mailing Address 12126 AMBLESIDE DRIVE

City

POTOMAC

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2437120623217

Amount of Each Receipt this Period

280.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

10279.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

PAUL JOSEPH BALTHAZOR

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City State Zip Code  
 BROOKLYN PARK MN 55443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2437120723217

Amount of Each Receipt this Period

1500.00

P/R Deduction (\$1500.00  
Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MITCHELL ZAMOFF

Mailing Address 4126 WEST 45TH STREET

City State Zip Code  
 EDINA MN 55424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2437121123217

Amount of Each Receipt this Period

2500.00

P/R Deduction (\$2500.00  
Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

ROBERT S PRESTON

Mailing Address 14904 SUMMIT OAKS DRIVE

City State Zip Code  
 BURNSVILLE MN 55337

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2437121423217

Amount of Each Receipt this Period

500.00

P/R Deduction (\$500.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JOHN W COSGRIFF

Mailing Address 1837 SUMMIT LANE

City

MENDOTA HEIGHTS

State

MN

Zip Code

55118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2437121623217

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JOHN P BLANK

Mailing Address 1582 MEDINA RD

City

MEDINA

State

MN

Zip Code

55356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2437126923217

Amount of Each Receipt this Period

1000.00

P/R Deduction (\$1000.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

PETER W RAINEY

Mailing Address 3115 WEST 47 STREET

City

MINNEAPOLIS

State

MN

Zip Code

55410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2437127523217

Amount of Each Receipt this Period

1000.00

P/R Deduction (\$1000.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

193111.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Friends of Roger Kahn for Senate

Mailing Address P.O. Box 1627

City

Saginaw

State

MI

Zip Code

48605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: 31060219

Amount of Each Receipt this Period

600.00

Refund of excess contribu-  
tion

**B.**

Full Name (Last, First, Middle Initial)

Salazar For Senate

Mailing Address PO Box 600

City

Denver

State

CO

Zip Code

80201

FEC ID number of contributing  
federal political committee.

C

C00397679

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 9

Transaction ID: 31060223

Amount of Each Receipt this Period

3000.00

New Secretary of the Inte-  
rior

**SUBTOTAL** of Receipts This Page (optional) .....

3600.00

**TOTAL** This Period (last page this line number only) .....

3600.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 173

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

United for Health PAC of Illinois

Mailing Address 701 Pennsylvania Avenue, NW  
Suite 650

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.06

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: 31060220

Amount of Each Receipt this Period

190.06

Close out of UHC of IL PAC  
account

**SUBTOTAL** of Receipts This Page (optional) .....

190.06

**TOTAL** This Period (last page this line number only) .....

190.06

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 122 / 173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln Mailing Address P.O. Box 77572	<b>Transaction ID:</b> 30182475 <b>Date of Disbursement</b> <div> <div>07</div> <div>08</div> <div>2009</div> </div>
City Washington State DC Zip Code 20013 Purpose of Disbursement Re-elect to US Senate Candidate Name Blanche Lambert Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> Re-elect to US Senate
<b>B.</b> Full Name (Last, First, Middle Initial) Mike Crapo For Us Senate Mailing Address P.O. Box 1948 City Boise State ID Zip Code 83701 Purpose of Disbursement Re-elect to US Senate Candidate Name Sen. Mike Crapo Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District:	<b>Transaction ID:</b> 30182476 <b>Date of Disbursement</b> <div> <div>07</div> <div>08</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>3500.00</div> Re-elect to US Senate
<b>C.</b> Full Name (Last, First, Middle Initial) Alamo PAC Mailing Address 919 Congress Ave Suite 1400 City Austin State TX Zip Code 78701 Purpose of Disbursement Political Action Committee Candidate Name Alamo PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 30182478 <b>Date of Disbursement</b> <div> <div>07</div> <div>08</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> Political Action Committee
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>5500.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 123 / 173

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) New Democrat Coalition Political Action Committee	<b>Transaction ID:</b> 30182985 <b>Date of Disbursement</b>
Mailing Address 607 14th Street NW Suite 800	<div> <div>07</div> <div>08</div> <div>2009</div> </div>
City Washington State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Political Action Committee	<div>5000.00</div>
Candidate Name New Democrat Coalition Political Action Committee	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Political Action Committee
<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of John Barrow	<b>Transaction ID:</b> 30264435 <b>Date of Disbursement</b>
Mailing Address PO Box 8166	<div> <div>07</div> <div>17</div> <div>2009</div> </div>
City Savannah State GA Zip Code 31412	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Rep. John Barrow	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Charles Boustany Jr Md For Congress, Inc	<b>Transaction ID:</b> 30302976 <b>Date of Disbursement</b>
Mailing Address PO Box 80126	<div> <div>07</div> <div>22</div> <div>2009</div> </div>
City Lafayette State LA Zip Code 70598	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Re-elct to Congress	<div>1000.00</div>
Candidate Name Rep. Charles W. Boustany, Jr.	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Re-elct to Congress

**SUBTOTAL** of Disbursements This Page (optional) .....

**8500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Senate Majority Fund

Mailing Address P.O. Box 32025

City  
Phoenix

State  
AZ

Zip Code  
85064

Purpose of Disbursement  
Leadership PAC

Candidate Name  
Senate Majority Fund

**011**  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 30302980**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Leadership PAC

**B.**

Full Name (Last, First, Middle Initial)

Hoyer For Congress

Mailing Address 607 14th Street, Nw  
Suite 800

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Re-elect to Congress

Candidate Name  
Rep. Steny H. Hoyer

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 05

**Transaction ID: 30302984**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Re-elect to Congress

**C.**

Full Name (Last, First, Middle Initial)

Hoyer For Congress

Mailing Address 607 14th Street, Nw  
Suite 800

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Re-elect to Congress

Candidate Name  
Rep. Steny H. Hoyer

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 05

**Transaction ID: 30302990**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Re-elect to Congress

**SUBTOTAL** of Disbursements This Page (optional) .....

**4500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Griffith For Congress

Mailing Address Post Office Box 2916

City  
Huntsville

State  
AL

Zip Code  
35804

Purpose of Disbursement  
Re-elect to Congress

Candidate Name  
Rep. Parker Griffith, MD

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 05

Transaction ID: 30303008

Date of Disbursement

07 / 22 / 2009

Amount of Each Disbursement this Period

1000.00

Re-elect to Congress

**B.**

Full Name (Last, First, Middle Initial)

Earl Pomeroy for Congress

Mailing Address P.O. Box 75214

City  
Washington

State  
DC

Zip Code  
20013-5214

Purpose of Disbursement  
Re-elect to Congress

Candidate Name  
Earl Pomeroy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ND District: 01

Transaction ID: 30303031

Date of Disbursement

07 / 22 / 2009

Amount of Each Disbursement this Period

1000.00

Re-elect to Congress

**C.**

Full Name (Last, First, Middle Initial)

Feinstein For Senate

Mailing Address 1212 S Victory Blvd

City  
Burbank

State  
CA

Zip Code  
91502

Purpose of Disbursement  
Re-elect to Senate

Candidate Name  
Sen. Dianne Feinstein

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District:

Transaction ID: 30303057

Date of Disbursement

07 / 22 / 2009

Amount of Each Disbursement this Period

1000.00

Re-elect to Senate

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Narragansett Bay PAC

Mailing Address PO Box 8628

City  
CranstonState  
RIZip Code  
02920Purpose of Disbursement  
Leadership PACCandidate Name  
Narragansett Bay PAC011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30303162

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	0	9

Amount of Each Disbursement this Period

1000.00

Leadership PAC

**B.**

Full Name (Last, First, Middle Initial)

Hatch Election Committee

Mailing Address 555 13th Street NW  
Suite 600 EastCity  
WashingtonState  
DCZip Code  
20004-1109Purpose of Disbursement  
Re-elect to US SenateCandidate Name  
Orrin G. Hatch011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: UT District:

Transaction ID: 30329612

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	0	9

Amount of Each Disbursement this Period

1500.00

Re-elect to US Senate

**C.**

Full Name (Last, First, Middle Initial)

The Grassley Committee, Inc.

Mailing Address P.O. Box 6193

City  
AlexandriaState  
VAZip Code  
22306-0193Purpose of Disbursement  
Re-elect to US SenateCandidate Name  
Charles E. Grassley011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District:

Transaction ID: 30329613

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	0	9

Amount of Each Disbursement this Period

2500.00

Re-elect to US Senate

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 127 / 173

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan <hr/> Mailing Address PO Box 871	<b>Transaction ID:</b> 30329614 Date of Disbursement <div> <div>07</div> <div>28</div> <div>2009</div> </div>
City Bismarck State ND Zip Code 58502 Purpose of Disbursement Re-Elect to US Senate Candidate Name Sen. Byron L. Dorgan Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: ND District:	Amount of Each Disbursement this Period <div>2500.00</div> Re-Elect to US Senate
<b>B.</b> Full Name (Last, First, Middle Initial) Pat Roberts Victory Committee <hr/> Mailing Address 610 S. Boulevard St City Tampa State FL Zip Code 33606 Purpose of Disbursement Joint Fundraising Committee 50% split Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	<b>Transaction ID:</b> 30329615 Date of Disbursement <div> <div>07</div> <div>28</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>3000.00</div> Joint Fundraising Committ- ee 50% split
<b>C.</b> Full Name (Last, First, Middle Initial) Klobuchar For Minnesota 2012 <hr/> Mailing Address PO Box 4146 City St Paul State MN Zip Code 55104 Purpose of Disbursement Re-elect to US Senate Candidate Name Sen. Amy Klobuchar Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: MN District:	<b>Transaction ID:</b> 30329624 Date of Disbursement <div> <div>07</div> <div>29</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> Re-elect to US Senate

**SUBTOTAL** of Disbursements This Page (optional) .....

**6500.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Richard Burr Committee

Mailing Address P.O. Box 5928

City  
Winston-SalemState  
NCZip Code  
27113Purpose of Disbursement  
Re-elect to US SenateCandidate Name  
Richard M. Burr011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 05

Transaction ID: 30329625

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00

Re-elect to US Senate

**B.**

Full Name (Last, First, Middle Initial)

JAZZ PAC

Mailing Address 10 G Street, NE  
Suite 470City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Leadership PACCandidate Name  
JAZZ PAC011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30329627

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00

Leadership PAC

**C.**

Full Name (Last, First, Middle Initial)

Friends Of Roger Wicker

Mailing Address P.O. Box 874

City  
TupeloState  
MSZip Code  
38802Purpose of Disbursement  
Re-elect to US SenateCandidate Name  
Rep. Roger F. Wicker011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MS District: 01

Transaction ID: 30329629

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00

Re-elect to US Senate

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

Senate Majority Fund

Mailing Address P.O. Box 32025

City  
PhoenixState  
AZZip Code  
85064Purpose of Disbursement  
Leadership PACCandidate Name  
Senate Majority Fund011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30329630

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 2 9 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

Leadership PAC

B.

Full Name (Last, First, Middle Initial)

Impact

Mailing Address 509 Madison Ave.  
Suite 1902City  
New YorkState  
NYZip Code  
10022Purpose of Disbursement  
Leadership PACCandidate Name  
Impact011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30329631

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 2 9 / 2 0 0 9

Amount of Each Disbursement this Period

5000.00

Leadership PAC

C.

Full Name (Last, First, Middle Initial)

Georgians for Isakson

Mailing Address Post Office Box 71955

City  
MariettaState  
GAZip Code  
30007Purpose of Disbursement  
Re-elect to US SenateCandidate Name  
Johnny Isakson011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District:

Transaction ID: 30329638

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 2 9 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

Re-elect to US Senate

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 130 / 173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Frank Kratovil For Congress

Mailing Address 222 Main Sail Drive  
PO Box 518

City State Zip Code  
Stevensville MD 21666

Purpose of Disbursement  
Re-elect to US Congress

Candidate Name  
Rep. Frank M. Kratovil, Jr.

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MD District: 01

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 30329651

Date of Disbursement

07 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

Re-elect to US Congress

**B.**

Full Name (Last, First, Middle Initial)

All America PAC

Mailing Address 607 14th Street NW  
Suite 800

City State Zip Code  
Washington DC 20005

Purpose of Disbursement  
Leadership PAC

Candidate Name  
All America PAC

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 30329652

Date of Disbursement

07 / 29 / 2009

Amount of Each Disbursement this Period

5000.00

Leadership PAC

**C.**

Full Name (Last, First, Middle Initial)

Wyoming Values PAC

Mailing Address 406 Virginia Avenue

City State Zip Code  
Alexandria VA 22302

Purpose of Disbursement  
Leadership PAC

Candidate Name  
Wyoming Values PAC

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 30329657

Date of Disbursement

07 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

Leadership PAC

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Glacier PAC

Mailing Address 818 Connecticut Ave. NW  
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Void - Glacier PAC

Candidate Name  
Glacier PAC

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30335958

Date of Disbursement

07 / 15 / 2009

Amount of Each Disbursement this Period

-5000.00

Void - Glacier PAC

**B.**

Full Name (Last, First, Middle Initial)

Georgians for Isakson

Mailing Address Post Office Box 71955

City Marietta State GA Zip Code 30007

Purpose of Disbursement  
Re-elect to US Senate

Candidate Name  
Johnny Isakson

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District:

Transaction ID: 30347118

Date of Disbursement

08 / 06 / 2009

Amount of Each Disbursement this Period

500.00

Re-elect to US Senate

**C.**

Full Name (Last, First, Middle Initial)

Clarke For Congress

Mailing Address 111-36 200th. Street

City Hollis State NY Zip Code 11412

Purpose of Disbursement  
Re-elect to Congress

Candidate Name  
Rep. Yvette D. Clarke

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 11

Transaction ID: 30453279

Date of Disbursement

08 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

Re-elect to Congress

**SUBTOTAL** of Disbursements This Page (optional) .....

-3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 132 / 173

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Gillibrand For Senate

Mailing Address 313 C Street Ne

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Re-elect to US Senate

011

Category/  
Type

Candidate Name  
Rep. Kirsten Gillibrand

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 20

Transaction ID: 30453379

Date of Disbursement

08 / 25 / 2009

Amount of Each Disbursement this Period

3500.00

Re-elect to US Senate

**B.**

Full Name (Last, First, Middle Initial)

Leadsheip in the New Century (LINCPAC)

Mailing Address 124 West Capitol Avenue  
Suite 630

City  
Little Rock

State  
AR

Zip Code  
72201

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Leadsheip in the New Century (LINCPAC)

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30453707

Date of Disbursement

08 / 25 / 2009

Amount of Each Disbursement this Period

4500.00

**C.**

Full Name (Last, First, Middle Initial)

Mike Ross for Congress

Mailing Address 227 Massachusetta Ave N.E.  
Ste 101

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Re-elect to Congress

011

Category/  
Type

Candidate Name  
Michael Avery Ross

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District: 04

Transaction ID: 30470211

Date of Disbursement

09 / 01 / 2009

Amount of Each Disbursement this Period

1500.00

Re-elect to Congress

**SUBTOTAL** of Disbursements This Page (optional) .....

9500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 133 / 173

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Boyd For Congress

Mailing Address P.O. Box 15703

City  
Tallahassee

State  
FL

Zip Code  
32317

Purpose of Disbursement  
Re-elect to US Congress

011

Category/  
Type

Candidate Name  
Rep. Allen Boyd

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Transaction ID: 30470225

Date of Disbursement

09 / 01 / 2009

Amount of Each Disbursement this Period

2500.00

Re-elect to US Congress

**B.**

Full Name (Last, First, Middle Initial)

Friends For Gregory Meeks

Mailing Address 153-01 Jamaica Ave. Suite 535

City  
Jamaica

State  
NY

Zip Code  
11432

Purpose of Disbursement  
Re-elect to Congress

011

Category/  
Type

Candidate Name  
Rep. Gregory W. Meeks

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 06

Transaction ID: 30470342

Date of Disbursement

09 / 01 / 2009

Amount of Each Disbursement this Period

1000.00

Re-elect to Congress

**C.**

Full Name (Last, First, Middle Initial)

Earl Pomeroy for Congress

Mailing Address P.O. Box 75214

City  
Washington

State  
DC

Zip Code  
20013-5214

Purpose of Disbursement  
Re-elect to Congress

011

Category/  
Type

Candidate Name  
Earl Pomeroy

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND District: 01

Transaction ID: 30582902

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

1000.00

Re-elect to Congress

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
Ike Skelton For Congress Committee

Mailing Address P.O. Box A

City Harrisonville State MO Zip Code 64701

Purpose of Disbursement  
Re-elect to CongressCandidate Name  
Rep. Ike Skelton011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 04

Transaction ID: 30584081

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

1000.00

Re-elect to Congress

**B.** Full Name (Last, First, Middle Initial)  
Bennet For Colorado

Mailing Address 2300 15th Street Suite 425

City Denver State CO Zip Code 80202

Purpose of Disbursement  
Re-elect to US SenateCandidate Name  
Mr. Michael Bennet011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District:

Transaction ID: 30585866

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

1000.00

Re-elect to US Senate

**C.** Full Name (Last, First, Middle Initial)  
Wally Herger For Congress Committee

Mailing Address PO Box 1500

City Chico State CA Zip Code 95927

Purpose of Disbursement  
Re-elect to CongressCandidate Name  
Rep. Wally Herger011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 02

Transaction ID: 30586732

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

1000.00

Re-elect to Congress

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) The Freedom Project	<b>Transaction ID:</b> 30586860																				
	Mailing Address 111 C Street SE	Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	7		2	0	0	9													
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
	Purpose of Disbursement PAC Candidate Name The Freedom Project Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																						
		PAC																				
<b>B.</b>	Full Name (Last, First, Middle Initial) Chris Lee For Congress	<b>Transaction ID:</b> 30586971																				
	Mailing Address PO Box 15395	Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	7		2	0	0	9													
	City Rochester State NY Zip Code 14615	Amount of Each Disbursement this Period																				
	Purpose of Disbursement Re-elect to Congress Candidate Name Mr. Christopher Lee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																						
		Re-elect to Congress																				
<b>C.</b>	Full Name (Last, First, Middle Initial) Charles Boustany Jr Md For Congress, Inc	<b>Transaction ID:</b> 30587076																				
	Mailing Address PO Box 80126	Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	7		2	0	0	9													
	City Lafayette State LA Zip Code 70598	Amount of Each Disbursement this Period																				
	Purpose of Disbursement Re-elect to Congress Candidate Name Rep. Charles W. Boustany, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																						
		Re-elect to Congress																				

**SUBTOTAL** of Disbursements This Page (optional) .....**3000.00****TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Leadership in the New Century (LINCPAC)</b>	<b>Transaction ID:</b> 30587243 <b>Date of Disbursement</b>																				
<b>Mailing Address</b> 124 West Capitol Avenue Suite 630	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	7		2	0	0	9												
<b>City</b> Little Rock <b>State</b> AR <b>Zip Code</b> 72201	<b>Amount of Each Disbursement this Period</b>																				
<b>Purpose of Disbursement</b> Leadership PAC <b>Candidate Name</b> Leadership in the New Century (LINCPAC)	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <b>District:</b>	<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>Category/Type</b> 011	Leadership PAC																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Committee To Elect Chris Murphy</b>	<b>Transaction ID:</b> 30599331 <b>Date of Disbursement</b>																				
<b>Mailing Address</b> P.O. Box 127	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	4		2	0	0	9												
<b>City</b> Cheshire <b>State</b> CT <b>Zip Code</b> 06410	<b>Amount of Each Disbursement this Period</b>																				
<b>Purpose of Disbursement</b> Re-elect to US Senate <b>Candidate Name</b> Rep. Christopher Scott Murphy	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> CT <b>District:</b> 05	<b>Disbursement For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>Category/Type</b> 011	Re-elect to US Senate																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Georgians for Isakson</b>	<b>Transaction ID:</b> 30608655 <b>Date of Disbursement</b>																				
<b>Mailing Address</b> Post Office Box 71955	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	0	9												
<b>City</b> Marietta <b>State</b> GA <b>Zip Code</b> 30007	<b>Amount of Each Disbursement this Period</b>																				
<b>Purpose of Disbursement</b> Void - Georgians for Isakson - reissued on 09/29/2009 <b>Candidate Name</b> Johnny Isakson	<table border="1"> <tr> <td colspan="10">-500.00</td> </tr> </table>	-500.00																			
-500.00																					
<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> GA <b>District:</b>	<b>Disbursement For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>Category/Type</b> 011	Void - Georgians for Isakson - reissued on 09/29/2009																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 137 / 173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Georgians for Isakson	<b>Transaction ID:</b> 30608656 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 71955	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	0	9												
City Marierta State GA Zip Code 30007	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Johnny Isakson	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Gillibrand For Senate	<b>Transaction ID:</b> 30636792 <b>Date of Disbursement</b>																				
Mailing Address 313 C Street Ne	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	0	9												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Re-elect to US Senate	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Kirsten Gillibrand	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Building Relationships in Diverse Geographic Environmen- ts PAC (Bridge PAC)	<b>Transaction ID:</b> 30636892 <b>Date of Disbursement</b>																				
Mailing Address 499 South Capitol Street, SW Suite 422	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	0	9												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Leadership PAC	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Building Relationships in Diverse Geographic Envir- onments PAC (Bridge PAC)	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Ryan For Congress

Mailing Address P. O. Box 1919

City  
Janesville

State  
WI

Zip Code  
53547

Purpose of Disbursement  
Re-elect to Congress

Candidate Name  
Rep. Paul D. Ryan

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 01

Transaction ID: 30636909

Date of Disbursement

10 / 07 / 2009

Amount of Each Disbursement this Period

1500.00

Re-elect to Congress

**B.**

Full Name (Last, First, Middle Initial)

Friends Of Trey Grayson

Mailing Address PO Box 175726

City  
Ft Mitchell

State  
KY

Zip Code  
41017

Purpose of Disbursement  
Elect to US Senate

Candidate Name  
Trey Grayson

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District:

Transaction ID: 30640490

Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

2500.00

Elect to US Senate

**C.**

Full Name (Last, First, Middle Initial)

Bachus For Congress Committee

Mailing Address P.O. Box 131134

City  
Birmingham

State  
AL

Zip Code  
35213

Purpose of Disbursement  
Re-elect to Congress

Candidate Name  
Rep. Spencer Thomas Bachus, III

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 06

Transaction ID: 30640493

Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

1500.00

Re-elect to Congress

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 139 / 173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement  
Re-elect to CongressCandidate Name  
Mr. Michael C. Burgess011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: 30640495

Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

Re-elect to Congress

**B.** Full Name (Last, First, Middle Initial)  
Dave Camp For Congress 2010Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement  
Re-elect to CongressCandidate Name  
Rep. David Lee Camp011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: 30640497

Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

3000.00

Re-elect to Congress

**C.** Full Name (Last, First, Middle Initial)  
Nelson 2012

Mailing Address PO Box 8666

City Omaha State NE Zip Code 68108

Purpose of Disbursement  
Re-elect to US SenateCandidate Name  
Sen. Ben Nelson011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NE District:

Transaction ID: 30640502

Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

Re-elect to US Senate

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 140 / 173

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Bob Corker for Senate

Mailing Address PO Box 848

City  
Chattanooga

State  
TN

Zip Code  
37401

Purpose of Disbursement  
Re-Elect to US Senate

011

Category/  
Type

Candidate Name  
Robert P Corker, JR.

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District:

Transaction ID: 30640514

Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

Re-Elect to US Senate

**B.**

Full Name (Last, First, Middle Initial)

Roskam for Congress Committee

Mailing Address 5006 Washington Ave.

City  
Downers Grove

State  
IL

Zip Code  
60515

Purpose of Disbursement  
Re-Elect to US Congress

011

Category/  
Type

Candidate Name  
Peter Roskam

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 00

Transaction ID: 30640515

Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

Re-Elect to US Congress

**C.**

Full Name (Last, First, Middle Initial)

Majority Initiative to Keep Electing Republicans Fund  
A.K.A. Mike R Fund

Mailing Address PO Box 2485

City  
Springfield

State  
VA

Zip Code  
22152

Purpose of Disbursement  
Void - Mike R Fund - Returned

011

Category/  
Type

Candidate Name  
Majority Initiative to Keep Electing Republicans  
Fund A.K.A. Mike R Fund

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30723459

Date of Disbursement

10 / 10 / 2009

Amount of Each Disbursement this Period

-1500.00

Void - Mike R Fund - Returned

**SUBTOTAL** of Disbursements This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 141 / 173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Moderate Democrats Political Action Committee

Mailing Address 426 C Street, N.E.

City  
WashingtonState  
DCZip Code  
20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Moderate Democrats Political Action Committee

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Transaction ID: 30788396

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	9

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Frank Kratovil For Congress

Mailing Address 222 Main Sail Drive  
PO Box 518City  
StevensvilleState  
MDZip Code  
21666

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Frank M. Kratovil, Jr.

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2010

☒ Primary☐ General☐ Other (specify) ▼

State: MD

District: 01

Transaction ID: 30788410

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Welch For Congress

Mailing Address PO Box 1682

City  
BurlingtonState  
VTZip Code  
05402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Peter Welch

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2010

☒ Primary☐ General☐ Other (specify) ▼

State: VT

District: 01

Transaction ID: 30790895

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 142 / 173

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Friends Of Dennis Cardoza

Mailing Address PO Box 2749

City  
Merced

State  
CA

Zip Code  
95340

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Dennis A. Cardoza

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 18

Transaction ID: 30790962

Date of Disbursement

11 / 05 / 2009

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Arcuri For Congress

Mailing Address P.O. Box 8508

City  
Utica

State  
NY

Zip Code  
13505

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Michael A. Arcuri

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY

District: 24

Transaction ID: 30790965

Date of Disbursement

11 / 05 / 2009

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Kind for Congress

Mailing Address P.O. Box 184

City  
La Crosse

State  
WI

Zip Code  
54603

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep Ron Kind

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI

District: 03

Transaction ID: 30790968

Date of Disbursement

11 / 05 / 2009

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 143 / 173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sam Johnson	<b>Transaction ID:</b> 30790970 <b>Date of Disbursement</b>																				
Mailing Address PO Box 860096	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	5		2	0	0	9												
City PLANO State TX Zip Code 75086	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sam Johnson	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Tiberi For Congress	<b>Transaction ID:</b> 30790977 <b>Date of Disbursement</b>																				
Mailing Address 2931 E Dublin Granville Road Suite 190	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	5		2	0	0	9												
City Columbus State OH Zip Code 43231	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Patrick J. Tiberi	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Congressman Joe Barton Committee	<b>Transaction ID:</b> 30790979 <b>Date of Disbursement</b>																				
Mailing Address 701 Williamsburg	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	5		2	0	0	9												
City Ennis State TX Zip Code 75120	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Joe L. Barton	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

AMERIPAC: The Fund for a Greater America

Mailing Address 607 14th Street, NW  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/  
Type

Candidate Name

AMERIPAC: The Fund for a Greater America

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30811622

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Ryan For Congress

Mailing Address P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Paul D. Ryan

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 01

Transaction ID: 30811704

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Citizens For Altmire

Mailing Address P.O. Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Jason Altmire

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: 30811712

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Davis For Congress/Friends Of Davis

Mailing Address 5956 W. Race Avenue

City  
ChicagoState  
ILZip Code  
60644

Purpose of Disbursement

Candidate Name  
Rep. Danny K. DavisOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 07

Transaction ID: 30811725

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Friends of Mary Landrieu

Mailing Address 58156 Court Street

City  
PlaquemineState  
LAZip Code  
70764

Purpose of Disbursement

Candidate Name  
Mary L. LandrieuOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District:

Transaction ID: 30811734

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Georgians for Isakson

Mailing Address Post Office Box 71955

City  
MariettaState  
GAZip Code  
30007

Purpose of Disbursement

Candidate Name  
Johnny IsaksonOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District:

Transaction ID: 30811746

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Mr. Michael C. Burgess

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: 30811752

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Senate Majority Fund

Mailing Address P.O. Box 32025

City Phoenix State AZ Zip Code 85064

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Senate Majority Fund

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30811763

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
OrrinPAC

Mailing Address 175 S West Temple  
Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
OrrinPAC

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30811766

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

ERICPAC

Mailing Address 25 East Main Street, Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement

Candidate Name  
ERICPACOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30811767

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Friends Of Ginny Brown-Waite

Mailing Address PO Box 865

City Brooksville State FL Zip Code 34605

Purpose of Disbursement

Candidate Name  
Rep. Virginia Brown-WaiteOffice Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 05

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30811768

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Burr Committee

Mailing Address P.O. Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

Candidate Name  
Richard M. BurrOffice Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 05

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30811771

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

People For Patty Murray

Mailing Address PO Box 3662

City  
Seattle

State  
WA

Zip Code  
98124

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Patty Murray

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA

District:

**Transaction ID:** 30811774

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Re-Elect Brian Bilbray For Congress

Mailing Address 1307 9th Street

City

Imperial Beach

State  
CA

Zip Code  
91932

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Brian P. Bilbray

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 49

**Transaction ID:** 30811776

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

McConnell Senate Committee '14

Mailing Address PO Box 1496

City

Louisville

State  
KY

Zip Code  
40201

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Mitch McConnell

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY

District:

**Transaction ID:** 30811777

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Issa for Congress	<b>Transaction ID:</b> 30811778 <b>Date of Disbursement</b>
Mailing Address P. O. Box 760	<div> <div>11</div> <div>10</div> <div>2009</div> </div>
City Vista State CA Zip Code 92085-0760	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Darrell Issa	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Demint For Senate Committee Inc	<b>Transaction ID:</b> 30811780 <b>Date of Disbursement</b>
Mailing Address PO Box 12425	<div> <div>11</div> <div>10</div> <div>2009</div> </div>
City Columbia State SC Zip Code 29211	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Sen. James W. DeMint	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends Of John Thune	<b>Transaction ID:</b> 30811783 <b>Date of Disbursement</b>
Mailing Address 200 North Phillips Avenue Ste L101	<div> <div>11</div> <div>10</div> <div>2009</div> </div>
City Sioux Falls State SD Zip Code 57104	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Sen. John R. Thune	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) The Freedom Project	<b>Transaction ID:</b> 30811785 <b>Date of Disbursement</b>
Mailing Address 111 C Street SE	<div> <div>11</div> <div>10</div> <div>2009</div> </div>
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name The Freedom Project	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Brady For Congress	<b>Transaction ID:</b> 30811788 <b>Date of Disbursement</b>
Mailing Address P.O. Box 8277	<div> <div>11</div> <div>10</div> <div>2009</div> </div>
City The Woodlands State TX Zip Code 77387	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Kevin Patrick Brady	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Price For Congress	<b>Transaction ID:</b> 30811790 <b>Date of Disbursement</b>
Mailing Address P.O. Box 425	<div> <div>11</div> <div>10</div> <div>2009</div> </div>
City Roswell State GA Zip Code 30077	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Thomas Edmunds Price, M.D.	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Lisa Murkowski For Us Senate

Mailing Address PO Box 100847

City  
Anchorage

State  
AK

Zip Code  
99510

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Lisa Murkowski

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State: AK

District:

**Transaction ID:** 30811984

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Linder For Congress

Mailing Address 2821 Greystone Cove South

City  
Atlanta

State  
GA

Zip Code  
30341

Purpose of Disbursement

011

Category/  
Type

Candidate Name

John Linder

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State: GA

District: 11

**Transaction ID:** 30878934

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mike Ross for Congress

Mailing Address 227 Massachusetta Ave N.E.  
Ste 101

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Michael Avery Ross

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State: AR

District: 04

**Transaction ID:** 30878935

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Mchenry For Congress

Mailing Address PO Box 1406

City  
Hickory

State  
NC

Zip Code  
28603

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Patrick Timothy McHenry

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District: 10

**Transaction ID:** 30878938

Date of Disbursement

11 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Freedom Fund

Mailing Address 701 8th Street, N.W.  
Suite 500

City  
Washington

State  
DC

Zip Code  
20001

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Freedom Fund

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 30885451

Date of Disbursement

11 / 23 / 2009

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Bob Casey For Senate Inc

Mailing Address 607 14th Street Nw Suite 800

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Robert Casey, Jr.

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA

District:

**Transaction ID:** 30932760

Date of Disbursement

11 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Sue Myrick For Congress

Mailing Address P.O. Box 37091

City  
CharlotteState  
NCZip Code  
28237

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Sue Wilkins Myrick

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District: 09

Transaction ID: 30935358

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Priority PAC

Mailing Address 2821 Kavanaugh Blvd  
Suite 3GCity  
Little RockState  
ARZip Code  
72205

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Priority PAC

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 30935920

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	9

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Stephanie Herseth Sandlin For South Dakota

Mailing Address PO Box 2009

City  
Sioux FallsState  
SDZip Code  
57101

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Herseth M

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: SD

District: 01

Transaction ID: 30935923

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Feinstein For Senate

Mailing Address 1212 S Victory Blvd

City Burbank State CA Zip Code 91502

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Sen. Dianne Feinstein

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District:

Transaction ID: 30935924

Date of Disbursement

12 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Georgians for Isakson

Mailing Address Post Office Box 71955

City Marietta State GA Zip Code 30007

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Johnny Isakson

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District:

Transaction ID: 30939623

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

TENNPAC

Mailing Address 228 South Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
TENNPAC

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30939644

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Forward Together PAC</p> <hr/> <p>Mailing Address 10 G Street, NE Suite 570</p> <hr/> <p>City Washington State DC Zip Code 20002</p> <hr/> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <hr/> <p>Candidate Name Forward Together PAC</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <hr/> <p>State: District:</p>	<p><b>Transaction ID:</b> 30940119  <b>Date of Disbursement</b>  <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; border-right: 1px solid black; padding: 0 5px;">12</div> <div style="display: inline-block; border-right: 1px solid black; padding: 0 5px;">04</div> <div style="padding: 0 5px;">/</div> <div style="display: inline-block; border-right: 1px solid black; padding: 0 5px;">20</div> <div style="display: inline-block; border-right: 1px solid black; padding: 0 5px;">09</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Hagan For Us Senate Inc</p> <hr/> <p>Mailing Address PO Box 29103</p> <hr/> <p>City Greensboro State NC Zip Code 27429</p> <hr/> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <hr/> <p>Candidate Name Kay Hagan</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President  Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <hr/> <p>State: NC District:</p>	<p><b>Transaction ID:</b> 30945009  <b>Date of Disbursement</b>  <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; border-right: 1px solid black; padding: 0 5px;">12</div> <div style="display: inline-block; border-right: 1px solid black; padding: 0 5px;">08</div> <div style="padding: 0 5px;">/</div> <div style="display: inline-block; border-right: 1px solid black; padding: 0 5px;">20</div> <div style="display: inline-block; border-right: 1px solid black; padding: 0 5px;">09</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Senate Majority Fund</p> <hr/> <p>Mailing Address P.O. Box 32025</p> <hr/> <p>City Phoenix State AZ Zip Code 85064</p> <hr/> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <hr/> <p>Candidate Name Senate Majority Fund</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <hr/> <p>State: District:</p>	<p><b>Transaction ID:</b> 31002918  <b>Date of Disbursement</b>  <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; border-right: 1px solid black; padding: 0 5px;">12</div> <div style="display: inline-block; border-right: 1px solid black; padding: 0 5px;">14</div> <div style="padding: 0 5px;">/</div> <div style="display: inline-block; border-right: 1px solid black; padding: 0 5px;">20</div> <div style="display: inline-block; border-right: 1px solid black; padding: 0 5px;">09</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div style="border: 1px solid black; padding: 2px; text-align: center;">2000.00</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**4000.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

The Grassley Committee, Inc.

Mailing Address P.O. Box 6193

City  
AlexandriaState  
VAZip Code  
22306-0193

Purpose of Disbursement

Candidate Name  
Charles E. GrassleyOffice Sought: ☐ House  
☒ Senate  
☐ President

State: IA District:

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 31002932

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Bennett Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City  
Salt Lake CityState  
UTZip Code  
84101

Purpose of Disbursement

Candidate Name  
Sen. Robert F. BennettOffice Sought: ☐ House  
☒ Senate  
☐ President

State: UT District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 31002939

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	9

Amount of Each Disbursement this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)

Rogers For Congress

Mailing Address PO Box 581  
Post Office Box 581City  
BrightonState  
MIZip Code  
48116

Purpose of Disbursement

Candidate Name  
Rep. Michael J. RogersOffice Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 08

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 31002940

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Citizens For Altmire

Mailing Address P.O. Box 1776

City  
Freedom

State  
PA

Zip Code  
15042

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Jason Altmire

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA

District: 04

Transaction ID: 31002941

Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Childers For Congress

Mailing Address PO Box 177

City  
Booneville

State  
MS

Zip Code  
38829

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Travis Wayne Childers

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MS

District: 01

Transaction ID: 31043467

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Burr Committee

Mailing Address P.O. Box 5928

City  
Winston-Salem

State  
NC

Zip Code  
27113

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Richard M. Burr

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District: 05

Transaction ID: 31043481

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Bennet For Colorado	<b>Transaction ID:</b> 31043538 <b>Date of Disbursement</b>
Mailing Address 2300 15th Street Suite 425	<div> <div>12</div> <div>15</div> <div>2009</div> </div>
City State Zip Code Denver CO 80202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Mr. Michael Bennet	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Pat Roberts For U S Senate Inc	<b>Transaction ID:</b> 31043544 <b>Date of Disbursement</b>
Mailing Address PO Box 433	<div> <div>12</div> <div>15</div> <div>2009</div> </div>
City State Zip Code Great Bend KS 67530	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Sen. Pat Roberts	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Coburn For Senate 2010	<b>Transaction ID:</b> 31043550 <b>Date of Disbursement</b>
Mailing Address Post Office Box 977	<div> <div>12</div> <div>15</div> <div>2009</div> </div>
City State Zip Code Muskogee OK 74402	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Sen. Thomas Allen Coburn, M.D.	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

SKI PAC

Mailing Address P.O. Box 83142

City  
GaithersburgState  
MDZip Code  
20883

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
SKI PACOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 31043551

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Making Business Excel Political Action Committee

Mailing Address PO Box 3241

City  
CheyenneState  
WYZip Code  
82001

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Making Business Excel Political Action CommitteeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 31053906

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Mike McMahon For Congress

Mailing Address 66 Arnold Street

City  
Staten IslandState  
NYZip Code  
10301

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Mr. Michael McMahonOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: 31053963

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Hagan For Us Senate Inc

Mailing Address PO Box 29103

City  
Greensboro

State  
NC

Zip Code  
27429

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Kay Hagan

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

**Transaction ID:** 31055047

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

People For Patty Murray

Mailing Address PO Box 3662

City  
Seattle

State  
WA

Zip Code  
98124

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Sen. Patty Murray

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District:

**Transaction ID:** 31065529

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

158500.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Committee to Elect Niehaus

Mailing Address 1131 Little Indian Creek Road

City State Zip Code  
New Richmond OH 45157-9602

Purpose of Disbursement  
Tom Niehaus, STATE SENATE 14th OH

Candidate Name  
OH Sen. Tom Niehaus

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: 30182988

Date of Disbursement

07 / 08 / 2009

Amount of Each Disbursement this Period

2000.00

Tom Niehaus, STATE SENATE  
14th OH

**B.**

Full Name (Last, First, Middle Initial)

Committee to Elect Bill Harris

Mailing Address 1238 TWP Road 1506

City State Zip Code  
Ashland OH 44805

Purpose of Disbursement  
Bill Harris, STATE SENATE 19th OH

Candidate Name  
Senator Bill Harris

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: 30182992

Date of Disbursement

07 / 08 / 2009

Amount of Each Disbursement this Period

3000.00

Bill Harris, STATE SENATE  
19th OH

**C.**

Full Name (Last, First, Middle Initial)

Friends of Faber

Mailing Address 7706 St. Rt 703

City State Zip Code  
Celina OH 45822

Purpose of Disbursement  
Keith Faber, STATE SENATE 12th OH

Candidate Name  
OH Sen. Keith Faber

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: 30182994

Date of Disbursement

07 / 08 / 2009

Amount of Each Disbursement this Period

2000.00

Keith Faber, STATE SENATE  
12th OH

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Citizens for Buehrer

Mailing Address 704 Greenview Drive

City State Zip Code  
Delta OH 43515

Purpose of Disbursement  
Steve Buehrer, STATE SENATE 1st OH

Candidate Name  
OH Sen. Steve Buehrer

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: 30182995

Date of Disbursement

07 / 08 / 2009

Amount of Each Disbursement this Period

1000.00

Steve Buehrer, STATE SENA-  
TE 1st OH

**B.**

Full Name (Last, First, Middle Initial)

Citizens for Wagoner

Mailing Address 7445 Airport Highway

City State Zip Code  
Holland OH 43528

Purpose of Disbursement  
Mark Wagoner, STATE SENATE 2nd OH

Candidate Name  
OH Sen. Mark Wagoner, Jr.

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: 30182996

Date of Disbursement

07 / 08 / 2009

Amount of Each Disbursement this Period

2000.00

Mark Wagoner, STATE SENATE  
2nd OH

**C.**

Full Name (Last, First, Middle Initial)

Citizens for Kevin Bacon

Mailing Address 5325 Ponderosa Drive

City State Zip Code  
Columbus OH 43231

Purpose of Disbursement  
Kevin Bacon, STATE SENATE 3rd OH

Candidate Name  
OH Rep. Kevin Bacon

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: 30264421

Date of Disbursement

07 / 17 / 2009

Amount of Each Disbursement this Period

250.00

Kevin Bacon, STATE SENATE  
3rd OH

**SUBTOTAL** of Disbursements This Page (optional) .....

3250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) UnitedHealth Group Inc Political Action Committee of Iowa Mailing Address 9900 Bren Road East	<b>Transaction ID:</b> 30302965 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 2 / 2 0 0 9</div> </div>
City Minnetonka State MN Zip Code 55343 Purpose of Disbursement Funding of State PAC Account Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> State: District:	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <b>Funding of State PAC Account</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Paula Brooks Committee Mailing Address PO Box 1446 City Columbus State OH Zip Code 43216 Purpose of Disbursement Paula Brooks, County Commissioner OH Candidate Name Paula Brooks <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> State: District:	<b>Transaction ID:</b> 30303187 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 2 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> Paula Brooks, County Commissioner OH
<b>C.</b> Full Name (Last, First, Middle Initial) Citizens to Elect John Patrick Carney Mailing Address 357 E Torrence Road City Columbus State OH Zip Code 43214 Purpose of Disbursement John Carney, STATE HOUSE 22nd OH Candidate Name OH Rep. John Carney <div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> State: OH District: 22	<b>Transaction ID:</b> 30303287 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 2 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>500.00</div> John Carney, STATE HOUSE 22nd OH

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
UnitedHealth Group Inc, PAC of Georgia

Mailing Address 9900 Bren Road East

City Minnetonka State MN Zip Code 55343

Purpose of Disbursement  
Funding of UHG PAC of Georgia

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30443985

Date of Disbursement

08 / 21 / 2009

Amount of Each Disbursement this Period

250.00

Funding of UHG PAC of Georgia

**B.** Full Name (Last, First, Middle Initial)  
United for Health PAC of Illinois

Mailing Address 9900 Bren Road East

City Minnetonka State MN Zip Code 55343

Purpose of Disbursement  
Funding Of Illinois PAC Account

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30590476

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

250.00

Funding Of Illinois PAC Account

**C.** Full Name (Last, First, Middle Initial)  
Republican House Victory Committee

Mailing Address PO Box 11494

City Tempe State AZ Zip Code 85284

Purpose of Disbursement  
State Political Party

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30636828

Date of Disbursement

10 / 07 / 2009

Amount of Each Disbursement this Period

2500.00

State Political Party

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 165 / 173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Republican Senate Victory Committee	<b>Transaction ID:</b> 30636877 <b>Date of Disbursement</b>																				
Mailing Address PO Box 11494	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	0	9												
City Tempe State AZ Zip Code 85284	Amount of Each Disbursement this Period																				
Purpose of Disbursement State Political Party Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	State Political Party																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mentel for Council Committee	<b>Transaction ID:</b> 30636947 <b>Date of Disbursement</b>																				
Mailing Address 3886 N High St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	0	9												
City Columbus State OH Zip Code 43214	Amount of Each Disbursement this Period																				
Purpose of Disbursement Mike Mentel, City Council OH Candidate Name Mike Mentel	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	Mike Mentel, City Council OH																				
<b>C.</b> Full Name (Last, First, Middle Initial) Paley for Columbus	<b>Transaction ID:</b> 30636952 <b>Date of Disbursement</b>																				
Mailing Address 668 Bellamy Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	0	9												
City Columbus State OH Zip Code 43213	Amount of Each Disbursement this Period																				
Purpose of Disbursement Eileen Paley, City Council Candidate Name Eileen Y. Paley	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	Eileen Paley, City Council																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Paula Brooks Committee

Mailing Address PO Box 1446

City  
Columbus

State  
OH

Zip Code  
43216

Purpose of Disbursement

Paula Brooks, County Commissioner OH

Candidate Name  
Paula Brooks

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30636960

Date of Disbursement

10 / 07 / 2009

Amount of Each Disbursement this Period

1000.00

Paula Brooks, County Comm-  
issioner OH

**B.**

Full Name (Last, First, Middle Initial)

A. Troy Miller for Columbus

Mailing Address 1029 Northfield Place North

City  
Reynoldsburg

State  
OH

Zip Code  
43068

Purpose of Disbursement

A. Miller, City Council OH

Candidate Name  
A. Troy Miller

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30636969

Date of Disbursement

10 / 07 / 2009

Amount of Each Disbursement this Period

1000.00

A. Miller, City Council  
OH

**C.**

Full Name (Last, First, Middle Initial)

Berding for Cincinnati Committee

Mailing Address 5001 Shatuc Ave.

City  
Cincinnati

State  
OH

Zip Code  
45208

Purpose of Disbursement

Jeff Berding, City Council OH

Candidate Name  
Jeff Berding

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30636972

Date of Disbursement

10 / 07 / 2009

Amount of Each Disbursement this Period

500.00

Jeff Berding, City Council  
OH

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Tavares	<b>Transaction ID:</b> 30636975 <b>Date of Disbursement</b>																				
Mailing Address 1257 Medford Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	0	9												
City Columbus State OH Zip Code 43209	Amount of Each Disbursement this Period																				
Purpose of Disbursement Charleta Tavares, City Council OH	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Charleta B Tavares	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Charleta Tavares, City Council OH																					
<b>B.</b> Full Name (Last, First, Middle Initial) Citizens for Priscilla Tyson	<b>Transaction ID:</b> 30636978 <b>Date of Disbursement</b>																				
Mailing Address 1465 E Broad St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	9
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1	0		0	7		2	0	0	9												
City Columbus State OH Zip Code 43205	Amount of Each Disbursement this Period																				
Purpose of Disbursement Priscilla Tyson, City Council OH	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Priscilla Tyson	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Priscilla Tyson, City Council OH																					
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of John O'Grady	<b>Transaction ID:</b> 30636985 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1355	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	0	9												
City Columbus State OH Zip Code 43216	Amount of Each Disbursement this Period																				
Purpose of Disbursement John O'Grady, Franklin County Commissioner OH	<table border="1"> <tr> <td colspan="10">750.00</td> </tr> </table>	750.00																			
750.00																					
Candidate Name John O'Grady	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
John O'Grady, Franklin County Commissioner OH																					

**SUBTOTAL** of Disbursements This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Hearcel Craig for Council	<b>Transaction ID:</b> 30636996 <b>Date of Disbursement</b>																				
Mailing Address 550 E Walnut St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	0	9												
City Columbus State OH Zip Code 43214	Amount of Each Disbursement this Period																				
Purpose of Disbursement Hearcel Craig, City Council OH	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Hearcel F Craig	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Hearcel Craig, City Council OH																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mallory for Citizens	<b>Transaction ID:</b> 30637006 <b>Date of Disbursement</b>																				
Mailing Address 907 Dayton Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	0	9												
City Cincinnati State OH Zip Code 45214	Amount of Each Disbursement this Period																				
Purpose of Disbursement Mark Mallory, MAYOR Cincinnati, OH	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Mark Mallory	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Mark Mallory, MAYOR Cincinnati, OH																				
<b>C.</b> Full Name (Last, First, Middle Initial) Keep State Representative Jeff Greer	<b>Transaction ID:</b> 30640479 <b>Date of Disbursement</b>																				
Mailing Address 2125 Hwy 79	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	9		2	0	0	9												
City Brandenburg State KY Zip Code 40108	Amount of Each Disbursement this Period																				
Purpose of Disbursement Jeff Greer, STATE HOUSE 27th KY	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name KY Rep. Jeff Greer	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 27	Jeff Greer, STATE HOUSE 27th KY																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
Kentucky Senate Republican Caucus

Mailing Address PO Box 1068

City Frankfort State KY Zip Code 40602

Purpose of Disbursement  
Senate Republicans

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30640480

Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

2500.00

Senate Republicans

**B.** Full Name (Last, First, Middle Initial)  
Committee to Elect Kathy Angerer

Mailing Address PO Box 157

City Dundee State MI Zip Code 48131

Purpose of Disbursement  
Kathy Angerer, STATE HOUSE 55th MI

Candidate Name  
MI Rep. Kathy Angerer

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 55

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30640489

Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

500.00

Kathy Angerer, STATE HOUSE  
55th MI

**C.** Full Name (Last, First, Middle Initial)  
UnitedHealth Group Inc PAC of PA

Mailing Address 9900 Bren Road East

City Minnetonka State MN Zip Code 55343

Purpose of Disbursement  
Funding for State PAC of PA

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30640549

Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

3000.00

Funding for State PAC of  
PA

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

United for Health of Texas (UnitedHealth Group Inc, PAC of Texas)

Mailing Address 9900 Bren Road East

City State Zip Code  
Minnetonka MN 55343

Purpose of Disbursement  
State PAC funding

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30722932

Date of Disbursement

10 / 19 / 2009

Amount of Each Disbursement this Period

15000.00

State PAC funding

**B.**

Full Name (Last, First, Middle Initial)

United for Health PAC of Tennessee

Mailing Address 9900 Bren Road East

City State Zip Code  
Minnetonka MN 55343

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30942929

Date of Disbursement

12 / 07 / 2009

Amount of Each Disbursement this Period

18700.00

**C.**

Full Name (Last, First, Middle Initial)

UnitedHealth Group Inc PAC of PA

Mailing Address 9900 Bren Road East

City State Zip Code  
Minnetonka MN 55343

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 31002935

Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

35200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

United for Health PAC of Tennessee

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343

Purpose of Disbursement

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 31002936

Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Alan Sanborn for Senate

Mailing Address 27140 Irwin Road

City  
Richmond

State  
MI

Zip Code  
48062

Purpose of Disbursement

Alan Sanborn, STATE SENATE 11th MI

Candidate Name

MI Sen. Alan Sanborn

011

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For:

2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District:

Transaction ID: 31035139

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

250.00

Alan Sanborn, STATE SENATE  
11th MI

C.

Full Name (Last, First, Middle Initial)

Senate Republican Campaign Committee

Mailing Address P.O. Box 12023

City  
Lansing

State  
MI

Zip Code  
48901

Purpose of Disbursement

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 31035979

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

6250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
Republican Senate Victory Committee

Mailing Address PO Box 11494

City Tempe State AZ Zip Code 85284

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 31036450

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

1250.00

**B.** Full Name (Last, First, Middle Initial)  
Republican House Victory Committee

Mailing Address PO Box 11494

City Tempe State AZ Zip Code 85284

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 31037879

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

1250.00

**C.** Full Name (Last, First, Middle Initial)  
Friends of Roger Kahn for Senate

Mailing Address P.O. Box 1627

City Saginaw State MI Zip Code 48605

Purpose of Disbursement  
Roger Kahn, STATE SENATE 32nd MI

Candidate Name  
MI Sen. Roger Kahn

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MI District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 31054482

Date of Disbursement

12 / 16 / 2009

Amount of Each Disbursement this Period

400.00

Roger Kahn, STATE SENATE  
32nd MI

**SUBTOTAL** of Disbursements This Page (optional) .....

2900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

Friends of Roger Kahn for Senate

Mailing Address P.O. Box 1627

City  
Saginaw

State  
MI

Zip Code  
48605

Purpose of Disbursement  
Roger Kahn, STATE SENATE 32nd MI

Candidate Name  
MI Sen. Roger Kahn

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MI

District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 31064681

Date of Disbursement

MM / DD / YYYY  
12 / 22 / 2009

Amount of Each Disbursement this Period

200.00

Roger Kahn, STATE SENATE  
32nd MI

SUBTOTAL of Disbursements This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

79050.00